

# COUNCIL OF HISTORICALLY BLACK GRADUATE SCHOOLS CONTACT CARD

**NAME Mr. Ms.**

**First**

**Last**

**Middle Initial**

**ADDRESS**

**City**

**State**

**Zip Code**

This contact card is not an application to a CHBGS member institution or to any degree program. The purpose of the card is to help you obtain information about and from graduate programs located at historically and predominately black colleges and universities that hold membership in CHBGS.

Home Phone # ( ) \_\_\_-\_\_\_\_

Cell Phone ( ) \_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_@\_\_\_\_\_

Current or most recent college/university: \_\_\_\_\_

Check if an international student Yes \_\_\_ Current Visa status \_\_\_\_\_

Projected date of enrollment Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ 200\_\_

Check the type of academic degree in which you are interested\*

Doctor of Philosophy (Ph.D) \_\_\_ Doctor of Education (Ed.D) \_\_\_

Doctor of Engineering (D.Eng) \_\_\_ Doctor of Public Health (Dr.PH) \_\_\_

Doctor of Nursing ( ) \_\_\_ Doctor of Social Work (DSW) \_\_\_

Specify Other Doctorate Degree \_\_\_\_\_

Master of Arts (MA) \_\_\_ Master of Science (MS) \_\_\_

Master of Business Administration \_\_\_ Master of Engineering (ME) \_\_\_

Specify Other Master's Degree \_\_\_\_\_

Certificate in Education \_\_\_ Other Certificate Programs \_\_\_

\* The preceding list does not represent all of the degrees that are offered by CHBGS member universities. You are being requested to indicate the degree level you wish to pursue (eg. doctorate, master's, or a certificate program). You are encouraged to check the entire list of graduate programs as reflected on the universities' graduate school web site.

**CHBGS member universities in which you are interested in attending\***

**First Choice** \_\_\_\_\_

**Second Choice** \_\_\_\_\_