

College of San Mateo
Extended Opportunity Programs & Services
Potential EOPS Student Profile Card-CSM

Date: _____ Phone: (____) _____ - _____ Email: _____

Name: _____ Gender: M F GOO- _____ - _____
Last First

Address: _____
Street City Zip Code

Ethnicity: _____ How many units completed? _____ Semesters? _____

Did one or both of your parents complete college? Y N

Have you completed the BOGW Fee Waiver? Y N Have you taken the CSM Placement Test? Y N

What is your major? _____

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