Name: _____

Department: _____

Ensemble Name: _____

(Please check one)

Graduate: ____ **Undergraduate:** ____

ENSEMBLE MEMBER INFORMATION FORM
2009-2010

In order to begin scheduling, the following form must be returned to the Gluck Office.

Failure to submit the required may result in the postponement or termination of a Fellow's project. Repeated postponement of a project may jeopardize future fellowship opportunities. Incomplete forms will not be accepted.

Name (Last, First, M.I.): _____ SID #: 860 - _____ - _____

Local Address: _____

Permanent Address: _____

Address you would prefer correspondence mailed to: Local _____ Permanent _____

Home Number: _____ Cell Number: _____ E-mail: _____

Department: _____ Major: _____ Minor: _____

Full Time UCR Employee_____ Part Time UCR Employee_____ Department_____

Are you On Financial Aid? ____Yes ____No Are You On Fellowship? ____Yes ____No

Are you a US Citizen? ____Yes ____No ____New Fellow ___Returning Fellow

Brief Bio (Please include your major, minor, educational background, etc.): _____