

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

Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Gender: M F

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
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 BOGG Fee Waiver? Y N Have you taken the CSM Placement Test? Y N

What is your major? \_\_\_\_\_

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