

**APPLICATION FOR GRADUATE STUDY IN
.....; 9CGSCIENCES**

FLORIDA ATLANTIC UNIVERSITY

LAST NAME _____ FIRST NAME _____ MI _____

BIRTH DATE _____

HOME ADDRESS _____ COUNTRY _____

CITY _____ STATE _____ ZIP CODE (Int'l Postal Code) _____

EMAIL ADDRESS _____

DAYTIME PHONE _____ EVENING PHONE _____

MASTERS DEGREE OPTIONS: Masters of Science

1) Term in which you seek admission (Check One):

Spring Fall Year _____ Thesis Non-Thesis

2) Indicate your anticipated degree Focus Area:

Geology ___ Human Environment and Sustainable Science ___ Geographic Information Science ___

3) **Thesis students only:** Applications for thesis students require a letter from at least one potential faculty advisor. It is your responsibility to contact potential faculty advisors. If you need help finding an advisor contact the Graduate Program Director. Please indicate the name(s) of the professor that will be your advisor and remind him/her to write a letter on your behalf and email it to: thindle@fau.edu

Give a brief description of your academic interests, relevant skills, research experience and career goals.

Previous Universities or Colleges last attended:

Name	Dates	Major	Track or Minor if applicable	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Membership in professional and honor societies; honors and awards:

FUNDED ASSISTANTSHIPS : Do you want to be considered for

- _____ Teaching Assistantship.
_____ Research Assistantship or Fellowship supplied by your advisor or other source.
 Source of RA/Fellowship _____
_____ No assistantship requested at this time.

If you want an assistantship and it is not available, are you still interested in attending Florida Atlantic University? _____

ACADEMIC SCORES:

GRE Score: Verbal _____ Quantitative _____ Date GRE taken _____
GPA (Overall) _____ (last 60 hours) _____

I certify that the information given in this application is complete and accurate. Should any of the information I have given change prior to my entry into the Geosciences Program, I will immediately notify the Graduate Program Director.

Signature _____ **Date** _____

Email this form as an attachment to **thindle@fau.edu**, with the Subject Line "Geosciences' Master's Program Application [Your Lastname]"

OR Send printed copies of these documents to:

Graduate Program Director
Geosciences Department
Florida Atlantic University
777 Glades Rd
Boca Raton, FL 33431

For additional information regarding our program, please visit our web-site at <http://www.geosciences.fau.edu/programs/newstudent.php>

For Geosciences Graduate Committee Use Only

ACCEPTANCE:

FULL _____ CONDITIONAL _____ DENIED _____

ASSISTANTSHIP AWARDED:

TA _____ RA _____

COMMENTS AND RECOMMENDATIONS BY COMMITTEE:

COMMITTEE CHAIR SIGNATURE _____

DATE _____