

**APPLICATION FOR ADMISSION TO THE MASTER OF SCIENCE DEGREE PROGRAM
DEPARTMENT OF BIOLOGY
UNIVERSITY OF CENTRAL ARKANSAS**

This application must be submitted directly to the Chair, Department of Biology, or submitted with the completed graduate application (including transcripts) to the Graduate School. Please **TYPE** all information.

I. PERSONAL INFORMATION

1. NAME: _____
2. SEX: () M () F
3. MAILING ADDRESS (STREET / CITY / STATE / ZIP CODE): _____

4. DAYTIME / WORK PHONE: _____
5. RESIDENCE PHONE: _____
6. EMERGENCY CONTACT: _____
 - a. RELATION: _____
 - b. ADDRESS: _____
 - c. PHONE: _____

II. ACADEMIC HISTORY (to supplement graduate application and transcripts. Please provide ALL requested information.)

1. COLLEGES AND UNIVERSITIES ATTENDED SINCE HIGH SCHOOL:

College or University

Dates Attended

Degree

GPA

(city and state)

(month and year)

Received Major / Minor (overall / in-major)

2. GRE (GENERAL): _____
3. GRE (SUBJECT; recommended but not required): _____
4. TOEFL (IF APPLICABLE): _____

III. GRADUATE PROGRAM INFORMATION

1. FIRST TERM OF ENROLLMENT: _____

2. DEGREE & OPTION SOUGHT: _____

3. LIST ANY UCA BIOLOGY DEPARTMENT FACULTY THAT YOU HAVE COMMUNICATED WITH REGARDING THE GRADUATE PROGRAM:

4. BRIEFLY DESCRIBE YOUR AREAS OF INTEREST IN BIOLOGY:

5. BRIEFLY DESCRIBE THE GOALS OR OBJECTIVES THAT YOU PLAN TO ACCOMPLISH THROUGH THE UCA BIOLOGY DEPARTMENT'S GRADUATE DEGREE PROGRAM:

6. BRIEFLY STATE WHY YOU SELECTED THE UCA BIOLOGY DEPARTMENT'S GRADUATE DEGREE PROGRAM:

7. DO YOU WANT TO BE CONSIDERED FOR A GRADUATE TEACHING ASSISTANTSHIP (GTA)?
() YES () NO

8. REFERENCES (PROVIDE THE NAMES OF THREE INDIVIDUALS WHO CAN PROVIDE WRITTEN OR VERBAL REFERENCE):

NAME BUSINESS

PHONE NUMBER

RELATION

9. PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT MAY BE RELEVANT TOWARD CONSIDERATION OF YOUR APPLICATION (IF NONE, WRITE "N/A" BELOW):