

Application for Admission West Virginia State University Biotechnology Graduate Program

March 8, 2016

personal data:

| | | | | | |
|--|--|------------------------------|----|---|----|
| Date of Application | | Social Security Number | | | |
| Last Name | | First Name | | MI: | |
| Preferred First Name | | Date of Birth | | | |
| Current Address: Street or P. O. Box: | | | | | |
| City: | | State: | | Zip: | |
| Home Phone Number: | | Business/Other Phone Number: | | | |
| Email: | | Pager: | | | |
| Permanent Address (if different): | | | | | |
| | | | | | |
| Have you ever been enrolled in school under any other name(s)? | | | | Yes | No |
| If so, please provide full name(s): | | | | | |
| Are You a U.S. Citizen? | | Yes | No | If not, please indicate immigration status: | |
| | | | | VISA: | |
| (Include a copy of both sides of your I-551 Card) | | | | | |

name of parent, guardian or spouse: (May be used in case of emergency—optional):

| | | | | | |
|------------------------|--|-----------------------|--|-----|--|
| (Last, First, Middle): | | Relationship: | | | |
| Street or P. O. Box: | | | | | |
| City | | State | | Zip | |
| Home Phone: | | Business/Other Phone: | | | |
| Email: | | Pager: | | | |

additional personal data: (Disclosure of additional personal data is optional and will in no way affect a decision concerning your application.)

| | | | | | | | |
|--|--|--|-----|-------|----|---------|--|
| Date of Birth: | | Birthplace (State): | | Male: | | Female: | |
| Ethnic Status: | | Have you ever served in the US Armed Forces? | | Yes | | No | |
| Will you be applying for veteran's benefits? | | | Yes | | No | | |

enrollment data:

| | | | | |
|-------------------------------------|-------|---|--------|--|
| Degree in which you plan to enroll: | MA | | MS | |
| Year you plan to enroll: | | Term/Semester you plan to enroll: | | |
| State of Residency: | | If resident of WV, how long have you (and /or your parent | | |
| or guardian) lived in WV? | Years | | Months | |

student category:

| | | | | | |
|----|--|-----------------------------|----|--|--------------------|
| 1. | | Post-Baccalaureate Graduate | 2. | | Transient Graduate |
|----|--|-----------------------------|----|--|--------------------|

academic history: College(s) Attended (Undergraduate):

| <u>Name of College/University</u> | <u>City</u> | <u>State</u> | <u>Date of Graduation</u> | <u>Degree</u> | <u>Major</u> |
|-----------------------------------|-------------|--------------|---------------------------|---------------|--------------|
| | | | | | |
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| | | | | | | | |
|--------------------|----------------|--|-----------------|-----|---------------------|------|--|
| | I plan to take | | Took the GRE in | Mo. | | Year | |
| My GRE scores are: | V | | Q | | Written Assessment: | | |

Have you been suspended or expelled for academic or disciplinary reasons? Yes No .

If you have, are you currently eligible to return to that institution? Yes No .

List the three (3) people you are asking to write letters of recommendation. They should be familiar with your educational and/or professional work and be able to evaluate your potential success as a graduate student.

| <u>name</u> | <u>position</u> | <u>address</u> | <u>email</u> |
|-------------|-----------------|----------------|--------------|
|-------------|-----------------|----------------|--------------|

1.

2.

3.



I certify that all statements in this application are complete and true and I give the aforementioned Institutions permission to use this information for statistical and reporting purposes. I further understand that any willful misrepresentation of information given in this application may be grounds for denial of my admission or dismissal.

signature: _____ date: _____

Note: West Virginia State University adheres to the principles of equal opportunity without regard to race, color, gender, age, creed, national origin or disability. This policy extends to all programs and activities supported by the college.