

Date Received _____

BIOLOGY MASTERS PROGRAM
DEPARTMENT APPLICATION

Name: _____ Application term: Fall _____ Spring _____ 20 _____

Phone: () _____ email: _____ Date: _____

Correspondence Address: Street: _____

City, State, Zip: _____

SDSU Red # (if known) _____

A. Academic Training

Name & Location of Colleges Attended	Dates		Sem. Units Completed	Field of Study Major	Grade Pt. Avg.		Graduation Degree Date
	From	To			Overall	Major	

B. GRE Test Results

General: _____ Date Taken _____ Verbal _____ Quant _____ Analytical _____

C. Work Experience Related to Field of Study

Employer	Position/Description of Duties	Hrs/week	Dates of Employment

D. Faculty Adviser. If there is a particular faculty member with whom you would like to carry out your thesis research, please list his/her name:

Dr. _____

E. Graduate Specialization

_____ MS/MA in Microbiology

_____ MS/MA in Biology with Emphasis in: _____ Ecology _____ Molecular/Cell Biology
_____ Physiology _____ Evolutionary Biology

F. Please attach a Statement of Purpose that addresses your reasons for pursuing a Masters degree at SDSU. Please be as specific as possible with regard to your research interests to help us identify potential faculty sponsors. Include a CV or Résumé if applying to the Cell &Molecular, Physiology, or Microbiology programs.

Return this application to: Graduate Coordinator
Department of Biology
San Diego State University
San Diego, CA 92182-4614