



**APPLICATION
FOR ADMISSION
TO GRADUATE
PROGRAM
IN
AQUACULTURE/FISHERIES**



Submit in duplicate to:

Graduate Coordinator
Dept. of Aquaculture & Fisheries
University of Arkansas at Pine Bluff
Mail Slot 4912
1200 North University Drive
Pine Bluff, AR 71601

**OFFICE USE
ONLY**

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TOEFL	LTR
COMMENT	

Please Type or Print Clearly

BIOGRAPHICAL SECTION

1. U.S. Social Security Number: - -		2. Indicate year and semester you wish to enter: (one box only) Year Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/>	
3a. Name: (family)	3b. Name: (first)	3c. Name: (middle)	4. Birthdate: (Month / Day / Year) / /
5. Former name(s) that may appear on your academic records:			6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
7. Present mailing address / Preferred mailing address:		8. Permanent home address:	
9. Home phone:	10. Work phone:	11. E-mail address:	12. U.S. military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. For non-U.S. citizen: <input type="checkbox"/> U.S. resident <input type="checkbox"/> Other	15. Country of citizenship:	16. International Applicants: Visa Expected: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1
17. Contact information. Please provide the name and address of your parent(s), spouse, legal guardian(s) to contact in case of emergency: (Please include relationship to you and phone number)			
18. Please indicate ethnic identity below * <input type="checkbox"/> Black /Non-Hispanic <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan Native/American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other (specify) * Information requested regarding race or ethnicity is voluntary and will be used in a nondiscriminatory manner consistent with applicable civil rights laws. Failure to provide the requested information will not affect the applicant's admission status.			

ACADEMIC INFORMATION

20. Have you previously applied to the University of Arkansas at Pine Bluff? <input type="checkbox"/> Yes <input type="checkbox"/> No When?															
21. List all colleges and universities attended (Including the University of Arkansas at Pine Bluff)			Date		Degree and Date										
Institution	Major Field	From	To	Degree Expected or Received	Date Received	GPA									
22. Have you taken the Graduate Record Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Score (Quantitative + Verbal)															
23. I am applying to the <input type="checkbox"/> MS <input type="checkbox"/> PhD program															
24. Have you discussed an assistantship with a faculty member? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, with whom?															
<p>25. Indicate by number (1,2, and 3) your primary, secondary, and tertiary areas of research interest.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">___ Pond and Hatchery Mgmt</td> <td style="width: 33%;">___ Water Quality</td> <td style="width: 33%;">___ Larviculture</td> </tr> <tr> <td>___ Economics and Marketing</td> <td>___ Fisheries Management</td> <td>___ Fish Nutrition</td> </tr> <tr> <td>___ Fish Health</td> <td>___ Fish Ecology</td> <td>___ Other (specify)</td> </tr> </table>							___ Pond and Hatchery Mgmt	___ Water Quality	___ Larviculture	___ Economics and Marketing	___ Fisheries Management	___ Fish Nutrition	___ Fish Health	___ Fish Ecology	___ Other (specify)
___ Pond and Hatchery Mgmt	___ Water Quality	___ Larviculture													
___ Economics and Marketing	___ Fisheries Management	___ Fish Nutrition													
___ Fish Health	___ Fish Ecology	___ Other (specify)													
26. Briefly explain why you are interested in pursuing a graduate degree in Aquaculture/Fisheries (attach additional sheets if necessary).															
27. Briefly describe your career goals or plans for professional development (attach additional sheets if necessary).															
28. Briefly describe any relevant teaching, research, or work experience (attach additional sheets if necessary).															
<p>This application cannot be processed without your signature. Failure to submit complete and accurate information may result in denial of this application or dismissal from the University. Signature: _____ Date: (Month / Day / Year) / /</p>															

The University of Arkansas ensures equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, disabled veteran or Vietnam era veteran status, in accordance with University policy and applicable federal and state statutes and regulations.