Department of EEAS

Joint Undergraduate/Master's Program (JUMP) in Geoscience Application Form

Return to: Western Kentucky University
Department of EEAS
ATTN: Graduate Program Coordinator
1906 College Heights Blvd. #31066.
Bowling Green, KY 42101-1066

Please type or print clearly.

Enter full legal name. Do not use initials. This name is to be used on all of your records and correspondence.

LAST NAME	FIRST	MIDDLE	OTHER NAMES UNDER WHICH RECORDS HAVE BEEN ISSUED

YEAR OF EXPECTED ENTRANCE FALL 20	EMAIL ADDRESS

CURRENT/LOCAL MAILING ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE	UNTIL DATE

PERMANENT HOME ADDRESS:	STREET	CITY	STATE	ZIP CODE	PHONE

Courses Taken in the Undergraduate Major, Credit Hours, and Grades
(Attach Supplementary Sheet if Necessary)

COURSE TITLE	NO.	SCHOOL AND/OR DEPARTMENT OFFERING COURSE	HOURS	GRADE	TERM	LEVEL (U. OR GRAD.)

CUMULATIVE UNDERGRADUATE GRADE POINT AVERAGE (GPA):	UNDERGRADUATE GPA IN THE MAJOR:

	Score/Date	Score/Date
1. ACT English		
2. ACT Mathematics		
3. ACT Science		
4. ACT Reading		
5. ACT Composite		

OTHER LANGUAGES (INDICATE LEVEL OF READING & SPEAKING ABILITY)

ACADEMIC HONORS, PRIZES, ELECTION TO HONORARY SOCIETIES, DISTINCTIONS, SCHOLARSHIPS, FELLOWSHIPS, PUBLICATIONS, PROFESSIONAL SOCIETY MEMBERSHIPS.

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RELEVANT OCCUPATIONAL EXPERIENCE (Professional, Vocational, Military, or Teaching Experience, including assistantships)

POSITION TITLE AND DESCRIPTION OF JOB ACTIVITIES	LOCATION	DATES	PAID OR VOLUNTEER
1. _____	1. _____	1. FROM_____ TO: _____	1. _____
2. _____	2. _____	2. FROM_____ TO_____	2. _____
3. _____	3. _____	3. FROM_____ TO_____	3. _____

REFERENCES: List names, titles, addresses and phone numbers of three persons acquainted with your ACADEMIC and/or PROFESSIONAL WORK, one of whom you have asked to forward a letter of recommendation to the Department of Geography and Geology to be considered for graduate funding. Your undergraduate advisor should write a note of support for the admission process.

1. Name:
   Title:
   Email address:
   Phone:

2. Name:
   Title:
   Email address
   Phone:

3. Name:
   Title:
   Address:
   Phone:

I certify that the foregoing statements and all other information and transcripts submitted by myself in connection with this application for admission are true and correct. I understand that falsification or deliberate omission of information is grounds for rejection of the application or dismissal from the school.

_____ Date Agreed

_____ Applicant's Signature