# WEST VIRGINIA STATE UNIVERSITY

## Biotechnology Graduate Program

Return to: Biotechnology Graduate Program, West Virginia State University, 101 Hamblin Hall  
P.O. Box 1000, Institute, WV 25112  
Phone: (304) 766-3102

# APPLICATION FOR ADMISSION

## Personal Information

|  |  |
| --- | --- |
| Field | Information |
| Date of Application | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Social Security Number (if available) | [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |
| Full Name | Last: \_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_\_\_ |
| Preferred First Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Address | Street or P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_ |
| Home Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business/Other Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Permanent Address (if different) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Citizenship and Immigration Status

|  |  |
| --- | --- |
| Field | Information |
| Are you a U.S. Citizen? | [ ] Yes [ ] No |
| If not, indicate immigration status | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Visa Type | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach a copy of both sides of your I-551 Card) |

## Emergency Contact Information

|  |  |
| --- | --- |
| Field | Information |
| Name of Parent/Guardian/Spouse | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | Street/P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_ |
| Home Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business/Other Phone | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Enrollment Information

|  |  |
| --- | --- |
| Field | Information |
| Degree Seeking | [ ] M.A. [ ] M.S. |
| Year of Enrollment | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Term/Semester | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State of Residency | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If a resident of WV, how long have you (or your parent/guardian) lived in WV? | Years: \_\_\_\_\_\_ Months: \_\_\_\_\_\_ |

## Academic History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Institution | City | State | Graduation Date | Degree Earned | Major |

## Standardized Test Scores

|  |  |
| --- | --- |
| Field | Information |
| GRE - Verbal | \_\_\_\_\_\_\_\_\_\_ |
| GRE - Quantitative | \_\_\_\_\_\_\_\_\_\_ |
| GRE - Written Assessment | \_\_\_\_\_\_\_\_\_\_ |
| IELTS - Overall Band Score | \_\_\_\_\_\_\_\_\_\_ |
| IELTS - Listening | \_\_\_\_\_\_\_\_\_\_ |
| IELTS - Reading | \_\_\_\_\_\_\_\_\_\_ |
| IELTS - Writing | \_\_\_\_\_\_\_\_\_\_ |
| IELTS - Speaking | \_\_\_\_\_\_\_\_\_\_ |
| TOEFL - Total Score | \_\_\_\_\_\_\_\_\_\_ |
| TOEFL - Reading | \_\_\_\_\_\_\_\_\_\_ |
| TOEFL - Listening | \_\_\_\_\_\_\_\_\_\_ |
| TOEFL - Speaking | \_\_\_\_\_\_\_\_\_\_ |
| TOEFL - Writing | \_\_\_\_\_\_\_\_\_\_ |

## Disciplinary Record

|  |  |
| --- | --- |
| Field | Information |
| Have you ever been suspended or expelled for academic or disciplinary reasons? | [ ] Yes [ ] No |
| If yes, are you currently eligible to return to that institution? | [ ] Yes [ ] No |

## Letters of Recommendation

|  |  |  |
| --- | --- | --- |
| Name | Position | Email |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Career Goals / Research Interests

Please provide a brief statement outlining your career objectives and research interests. Include any relevant experiences, academic achievements, and how this program aligns with your goals.

## Certification

I certify that all statements in this application are complete and true, and I authorize West Virginia State University to use this information for statistical and reporting purposes. I understand that any willful misrepresentation of information may be grounds for denial of admission or dismissal.

\*\*Signature:\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\*\*Date:\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_