

Professional Science Master's in the College of Natural Sciences: Specialization in *Microscope Imaging Technology* – Fall 2019

Please email the following documents to Dr. Jeff Field (jeff.field@colostate.edu):

1. Your completed application form.
2. Your statement of purpose (instructions are included below).
3. Your resume or curriculum vitae.
4. Your unofficial transcripts. (Official scores and transcripts will be requested later after the CSU Graduate School has created a plug-in for this program in their system.)

Applications will be reviewed on a rolling basis.

Application Form

Personal Information

First/Given Name: _____

Middle Name: _____

Family Name: _____

Email Address: _____

Telephone Number: _____

Are you currently a Colorado Resident? Yes No

If you are currently a student at CSU, please provide your Student ID number: _____

Citizenship Status: _____

Education

List every college or university you have attended, including those you attended and earned a degree or received grades

Institution	Degree	Dates Attended	GPA

If your current cumulative GPA is less than 3.0, take a moment to address the reasons or extenuating circumstances that affected your academic record. Your responses may be used in the evaluation and support for admission.

Test Scores (self-report)

GRE:

Test Date: _____
Verbal: _____ Percentile: _____
Quantitative: _____ Percentile: _____
Analytical: _____ Percentile: _____

TOEFL (required for International Students):

Test Date: _____
Total: _____
Listening: _____
Reading: _____
Writing: _____
Speaking: _____

Other: If you have taken other comparable tests, such as GRE subject, MCAT, GMAT, please list the type of test and your score(s) below.

Recommendations

A minimum of three (3) letters of recommendation are required from previous instructors or employers who are able to comment on your abilities and potential for graduate study. Please provide the names and contact information below. The recommenders you add below will receive an email from us to request the letters.

Recommender #1:

Prefix: _____
First Name: _____

Last Name: _____
Organization: _____
Position/Title: _____
Relationship to Applicant: _____
Telephone Number: _____
Email Address: _____

Recommender #2:

Prefix: _____
First Name: _____
Last Name: _____
Organization: _____
Position/Title: _____
Relationship to Applicant: _____
Telephone Number: _____
Email Address: _____

Recommender #3:

Prefix: _____
First Name: _____
Last Name: _____
Organization: _____
Position/Title: _____
Relationship to Applicant: _____
Telephone Number: _____
Email Address: _____

Statement of Purpose – Instructions

Please address the following questions in your Statement of Purpose (limit response to 2 single-spaced pages):

1. Please describe what you perceive Microscope Imaging Technology to be.
2. What information was helpful in your decision to apply to our graduate program?
3. Why have you chosen to do advanced study in Microscope Imaging Technology?
Describe any experience you have that's related to this field.
4. Describe your future career objective(s).

Signature

I hereby certify that to the best of my knowledge the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal.

Signed: _____ Date: _____