

Graduate studies in Microbiology at Idaho State University

INFORMATION SHEET

Send to: Microbiology Graduate Programs Committee
Department of Biological Sciences
921 S. 8th Avenue, Stop 8007
Pocatello, ID 83209-8007

NAME _____ Date of Birth _____
Last First MI

SOCIAL SECURITY NUMBER _____ Date _____

CURRENT ADDRESS _____

_____ E-mail _____

PHONE NUMBER (or number where you can be reached) (____) _____

Secondary contact phone number (____) _____

DEGREE in Microbiology sought at Idaho State University: ____M.S. ____Ph.D.

EDUCATIONAL INSTITUTION(S) ATTENDED and DEGREES OBTAINED:

Institution	Dates attended	Major	Degree	Date

Undergraduate GPA: Overall _____ Upper Division Courses _____
Graduate GPA (if applicable): _____

CURRENT STATUS: Student ____ Employed ____ If employed, nature of employment _____

Acceptance into the Microbiology Graduate Program requires that a faculty member agree to serve as your advisor. By the time you submit your application, you should have looked through the list of Microbiology faculty (available on the Department web site under "Research Areas") and corresponded with those who have research interests similar to your own. It is important to verify that those faculty are accepting new graduate students and have financial support for those students.

Which Microbiology faculty members have you corresponded with? _____

Financial Support: There are a limited number of teaching assistantships available. Do you wish to be considered for a teaching assistantship? _____ If yes, include a statement indicating your interests in and qualifications for specific teaching assignments in the biological sciences.

Research assistantships are funded through grants to individual faculty members, and are awarded by a faculty member to support research on specific projects. If you wish to be considered for a research assistantship, you must contact the faculty member directly.

If an assistantship is not available, are you able to pursue your graduate education without outside support? (explain)

SUPPLEMENTAL INFORMATION

MICROBIOLOGY GRADUATE PROGRAMS AT IDAHO STATE UNIVERSITY

1. Please check areas in which you have completed coursework:

- | | |
|---|--|
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Microbial Genetics |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Microbial Physiology |
| <input type="checkbox"/> General Microbiology | <input type="checkbox"/> Molecular Biology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Mycology |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Pathogenic Microbiology |
| <input type="checkbox"/> Microbial Diversity | <input type="checkbox"/> Virology |

2. Please indicate number of college credit hours in the following areas:

- | | |
|--|--|
| Mathematics: | Physical Sciences: |
| <input type="checkbox"/> College Algebra | <input type="checkbox"/> General Chemistry |
| <input type="checkbox"/> Trigonometry | <input type="checkbox"/> Organic Chemistry |
| <input type="checkbox"/> Calculus | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Analytic Geometry | <input type="checkbox"/> Quantitative Analysis |

Other _____ Other _____

The above are quarter _____ or semester _____ credits

3. You must submit scores for the verbal, quantitative, and analytical portions of the GRE. Doctoral candidates must also submit scores for the subject test in either Biology or Biochemistry, Cell and Molecular Biology. Applicants who wish to be considered for teaching assistantships must have GRE scores on file at Idaho State University by February 1. Please check the statements that apply:

_____ I have taken the GRE and have asked the Education Testing Service (Box 955-TR, Princeton, New Jersey, 08541) to send the results to the Graduate School at Idaho State University.

_____ A copy of my GRE scores is enclosed; I have asked the Education Testing Service to mail an official copy to the Graduate School at Idaho State University.

_____ My scores and percentiles on the GRE are: verbal _____, _____%; quantitative _____, _____%; analytical _____, _____%; Subject test _____, _____%.

_____ I expect to take the GRE on or about _____ (date).

4. Three recommendation forms must be on file with the Microbiology Graduate Programs Committee before an application for admission will be considered. The deadline for receiving letters from applicants who wish to be considered for a teaching assistantship is February 1. Please list names and addresses of individuals whom you have asked to provide letters of reference.

1. _____ 2. _____

3. _____

5. If any of your research has been published, or submitted for publication, please provide the complete citations below:

