# Application for Admission
# West Virginia State University Biotechnology Graduate Program

## Personal data:

Date of Application: _____

Last Name: _____

First Name: _____

Middle Name/Initial: _____

Preferred First Name: _____

Date of Birth (MM/DD/YYY): _____

Social Security Number: _____

## Current Address:

Street or PO Box: _____

City: _____ State: _____ Zipcode: _____

Country: _____

Phone number: _____ Mobile ☐ OR Home ☐

Email: _____

## Permanent Address (if different than above):

Street or PO Box: _____

City: _____ State: _____ Zipcode: _____

Country: _____

Phone number: _____ Mobile ☐ OR Home ☐

Email: _____

Have you ever been enrolled in school under any other name(s): _____

If so, please provide full name(s): _____

Are you a U.S. Citizen: Yes ☐ No ☐.

If not, please indicate your immigration status: _____

VISA (Include a copy of both sides of your I-551 Card): _____

## Name of Parent, Guardian or Spouse (To be used in case of emergency – optional)

Last Name: _____

First Name: _____

Relationship: _____

Street or PO Box: _____

City: _____ State: _____ Zipcode: _____

Country: _____

Phone number: _____ Mobile ☐ OR Home ☐

Email: _____

## Enrollment Data

Degree in which you plan to enroll: _____

Year you plan to enroll: _____

State of Residency: _____

If you are a residence of WV, how long have you (and/or your parent or guardian) lived in WV:

Year(s): _____ Month(s): _____

## Student Category

☐ Post-Baccalaurate Graduate

☐ Transient Graduate

## Academic History (post secondary):

| Name of College/University | Location | Graduation Date (or Attendance) | Degree | Major |
|---|---|---|---|---|
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Unofficial GRE scores taken on (MM/DD/YYY): _____

Verbal: _____ Quantitative: _____ Written Assessment: _____

I plan to take the GRE: _____

Have you ever been suspended or expelled for academic or disciplinary reasons? Yes ☐ No ☐

If you have, are you currently eligible to return to that institution? Yes ☐ No ☐

List the three (3) people you are asking to write letters of recommendation. They should be familiar with your educational and/or professional work and be able to evaluate your potential success as a graduate student.

| Name | Position | Address | email |
|---|---|---|---|
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I certify that all statements in this application are complete and true and I give the aforementioned Institutions permission to use this information for statistical and reporting purposes. I further understand that any willful misrepresentation of information given in this application may be grounds for denial of my admission or dismissal.

signature:_____date:_____

Note: West Virginia State University adheres to the principles of equal opportunity without regard to race, color, gender, age, creed, national origin or disability. This policy extends to all programs and activities supported by the college.

**send to:** Dr. Umesh Reddy
Coordinator, WVSU Biotechnology Graduate Program
West Virginia State University
101 Hamblin Hall
Box 1000
Institute WV 25112-1000