

WSU Professional Science Masters Program Supplemental Application for Admission

In addition to completing this application, you must also complete the WSU Graduate Studies Application. The WSU Graduate Studies Application can be downloaded at <http://www.winona.edu/gradstudies/forms.asp>. The WSU Graduate Studies Application should be submitted directly to the Graduate Studies Office. The form below should be submitted, along with the personal statement, to the email or address listed at the top of this page.

1. Personal Information

Last _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Work Tel. _____ Home Tel. _____

Email _____

Undergraduate Major and Degree: _____

Granting Institution: _____ Graduation Date: _____

2. Program Concentration

Please check which area of concentration within the PSM program that you wish to pursue (one box only). This choice does not limit your ability to pursue interdisciplinary coursework.

- ___ Biology *If you have identified a specific faculty mentor please list their name here:*
___ Chemistry
___ Computer Science _____
___ Engineering
___ Geoscience
___ Health Exercise and Rehabilitative Sciences

4. Language Proficiency

Are you a native English speaker? __Yes __ No

If you responded No:

_____ Native Language

TOEFL Score: _____ (__ TOEFL Not Taken)

3. Work Experience

Please list all scientific work/internship experience starting with your most current position, including the employer or organization and a brief description of your job responsibilities. Please indicate whether you will continue working while pursuing your PSM degree. Please add additional sheets as necessary. *Alternatively, you may provide a copy of your resume.*

Experience 1:

Experience 2:

Experience 3:

5. Personal Statement

Please compose a short statement (1-2 pages maximum) describing how the Winona State University Professional Science Master's program will enhance your professional, career, or other goals. The Personal Statement document (PDF, Word Document, or compatible) should be returned to the PSM Director along with this application form.

5. Reference Contacts

Please list two references and their contact information. Also, download the reference form and provide it directly to the two individuals listed below. Please request that they return the form directly to the PSM Director via email or mail at the address indicated at the top of the form.

Reference 1:

Name _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip _____

Work Tel. _____ Email _____

Reference 2:

Name _____

Relationship to Applicant _____

Address _____

City _____ State _____ Zip _____

Work Tel. _____ Email _____

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect the recommendations submitted by the individuals listed above (or other individuals from whom you request comments on your application and qualifications) by signing the statement below. Should you decide not to waive the right, you will have access to this recommendation only if you enroll at the Graduate School at Winona State University

____ I choose to waive my right of access

____ I choose NOT to waive my right of access

Please inform your referees of this choice when distributing the Applicant Recommendation Forms to them.

Signature of Applicant: _____ Date: _____