

Introduction

Thank you for your interest in pursuing a Master of Science degree in Coastal Marine and Wetland Studies at Coastal Carolina University. We will make every effort to assist you with the application process. All graduate applications must first be processed through the Office of Graduate Studies. To help process your application as efficiently as possible, please make sure it is filled out completely. Once your application is complete, it will be forwarded to the Graduate Admissions Committee of the College of Natural and Applied Sciences.

The Master of Science (M.S.) in Coastal Marine and Wetland Studies is a multidisciplinary degree emphasizing study in Biology, Chemistry, Physics and Marine Science. Students are expected to successfully defend a thesis based on original research at the completion of the program. The program seeks to instill in each student current knowledge related to marine and wetlands studies, an understanding of natural processes, an awareness of social responsibility, and the ability to conduct and report on original research. Thirty (30) credit hours of graduate study are required to complete this degree program.

Financial support for graduate students is provided by various types of graduate assistantships. Application for a graduate assistantship may be found at <http://www.coastal.edu/graduate/assistantship.html>. You do not have to be accepted into the Coastal Marine and Wetland Studies graduate program before applying for a graduate assistantship.

Submission of Required Credentials

Your application cannot be considered until we receive your non-refundable \$45 application fee and all the following required credentials:

- ▶ The application form and \$45 application fee.
- ▶ **Transcripts** You must submit an official transcript from every institution you have attended. Receipt of a baccalaureate or any higher degree must be clearly indicated on the transcript from the awarding institution. Official transcripts are those

sent by the registrar of a college or a university directly to the Office of Graduate Studies. The Office of Graduate Studies does not request transcripts from any institution.

▶ **Official GRADUATE Record Exam (GRE)** test scores must be submitted before your application will be reviewed by the Graduate Admissions Committee. International students whose native language is not English must also submit scores on the Test of English as a Foreign Language (TOEFL).

▶ **Letters of Recommendation** At least two letters of recommendation are required with your graduate application. Forms for letters of recommendation are provided in this application packet. References should mail completed letters directly to the Office of Graduate Studies, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054.

▶ **Essay** Submit an essay which includes each of the following three areas in a typed paper of no more than three pages in length. The essay should include:

- A statement of your short and long term educational and career goals.
- A statement of how completing this degree program will assist you in fulfilling those goals.
- A description of the research you would like to pursue while completing this degree.

▶ **Research Interest Sheet** (attached)

▶ **A Resumé**

Application Deadlines

Term	Postmark deadline
Fall Semester	March 1
Spring Semester	November 1

(Should you choose to apply for a Graduate Assistantship, please submit your Application for Graduate Assistantship along with this Application for Graduate Admission.)

IMPORTANT TELEPHONE NUMBERS

College of Natural and Applied Sciences • 843-349-2202

Office of Financial Aid • 843-349-2313

03/10

Office of Graduate Studies • Coastal Carolina University

P.O. Box 261954 • Conway, South Carolina 29528-6054 • 843-349-2394 • 1-800-277-7000 • www.coastal.edu/graduate



Application for Graduate Admission COLLEGE OF NATURAL AND APPLIED SCIENCES

A non-refundable application fee of \$45 is required with this application.

INSTRUCTIONS: Pages 2-6 of this document MUST be completed online. Then, print the entire document, sign and date pages 4 and 6, and mail or bring pages 2-6 to the Office of Graduate Studies. Forward the printed *Letter of Recommendation* forms to the individuals of your choice and ask them to complete and forward each Letter of Recommendation to the Office of Graduate Studies.

1. **I WISH TO BEGIN GRADUATE STUDY AT COASTAL CAROLINA UNIVERSITY.** YEAR _____ FULL TIME PART TIME
 FALL SEMESTER SPRING SEMESTER
2. **SOCIAL SECURITY NUMBER** _____
3. **LEGAL NAME** _____
Last First Middle Suffix (Jr., III, IV)
4. **MAIDEN OR FORMER NAME USED AT OTHER COLLEGES** _____
5. **PERMANENT ADDRESS**
P.O. Box, RFD, Street _____
City _____ State _____ Zip code _____ Zip +four _____
County _____
6. **TELEPHONES:** Home (_____) _____ Cell (_____) _____
7. **E-MAIL ADDRESS** _____
8. **BIRTH DATE (MM/DD/YY)** _____
9. **Gender:** Male Female
10. **I AM A SENIOR CITIZEN** (age 60 or older). Yes No
11. **ETHNIC ORIGIN / RACE**
I am Hispanic or Latino. Yes No

What is your race? Regardless of how you answered the prior statement, please indicate the race you consider yourself to be.
 American Indian OR Alaskan Native Asian Black/African American
 Native Hawaiian OR Other Pacific Islander White
12. **DO YOU LIVE IN SOUTH CAROLINA?** Yes No
If Yes, you must complete page 6 of this application. If all questions are not answered completely, you will be considered an OUT-OF-STATE student for Tuition and Fee purposes.
13. **COUNTRY OF BIRTH** _____ **COUNTRY OF CITIZENSHIP** _____
14. **I AM A PERMANENT RESIDENT ALIEN OF THE UNITED STATES.** Yes No
If Yes, what is your alien registration number _____ Attach a copy of your Green Card.
15. **I AM AN INTERNATIONAL STUDENT.** Yes No
I am seeking an F-1 Student Visa. Yes No
16. **EMERGENCY CONTACT INFORMATION** Check relationship to you: Parent Spouse Guardian Other _____
Name _____
Last First Middle Suffix (Jr., III, IV)
Home/permanent address: P.O. Box, RFD, Street _____
City _____ State _____ Zip code _____ Zip +four _____
County _____
Telephones: Home (_____) _____ Work (_____) _____ Cell (_____) _____

17. **TESTS:** Give dates you have taken or will take the tests.

Graduate Record Exam (GRE): **DATE 1** (MM/DD/YY) _____ **DATE 2** (MM/DD/YY) _____
Test of English as Foreign Language (TOEFL): **DATE 1** (MM/DD/YY) _____ **DATE 2** (MM/DD/YY) _____

18. **COLLEGE(S) ATTENDED** List below all colleges attended, current or most recent first, and ask the institution(s) to forward an official transcript of your work directly to the Office of Graduate Studies, Coastal Carolina University.

Name of school (full name) _____ State _____
Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____
Name of school (full name) _____ State _____
Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____
Name of school (full name) _____ State _____
Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____
Name of school (full name) _____ State _____
Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____

FOR INTERNATIONAL APPLICANTS

19. **ARE YOU CURRENTLY STUDYING IN THE UNITED STATES?** YES NO If Yes, you must submit an International Clearance Form.

ALL INTERNATIONAL STUDENTS ON F-1 STUDENT VISAS ARE REQUIRED TO SUBMIT THE FOLLOWING FORMS:

- Confidential Financial Statement
- Letter of Guarantee

The Confidential Financial Statement, the Letter of Guarantee and the International Student Clearance Form can be obtained online at:
www.coastal.edu/graduate/forms/html.

20. **COMMUNITY STANDARDS**

Effective June 1, 2009, all applicants are required to submit complete responses to a series of community standards questions on the application for admission. Responses to these questions are initially reviewed by the Office of Graduate Studies. Some cases are then referred to the Community Standards Committee for review. An applicant must satisfy the Community Standards portion of the admission application prior to the review of the documentation (transcripts, test scores, letters of recommendation, etc.). This review process supports the University's goal of maintaining a safe learning community. Failure to submit complete responses or the falsification of responses will result in the revocation of the admission decision or the dismissal of the student after enrollment. It is the responsibility of the applicant/student to notify the Office of Graduate Studies of changes to the questions on Community Standards. Disclosure is a continuous obligation of the applicant/student. Failure to do so shall result in immediate and permanent dismissal. In addition, Coastal Carolina University will not permit Registered Sex Offenders to enroll in classes or to participate in campus activities. The failure to disclose registration shall result in immediate expulsion and revocation of any privileges as a student. For the purpose of the following questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or infraction. You must, however, include alcohol or drug offenses whether or not they are traffic-related.

If you answer "Yes" to any question below, you are required to provide your own written explanation of the event(s) and a statement from your legal representative summarizing the event(s) and the final disposition of your case. If you are/were not represented by legal counsel in connection with the event(s), in addition to your own written explanation, you must provide court records summarizing the event(s) and the final disposition of your case. Print your full name at the top of each page, and date and sign each page. All documentation must be delivered to the Office of Graduate Studies.

- YES NO Have you been convicted of a crime as an adult or juvenile?
- YES NO Have you entered a plea of guilty, a plea of no contest, a plea of "nolo contendere", an Alford plea, a plea of delinquency in juvenile court, or have you received a deferred prosecution or prayer for judgment continued to a criminal charge?
- YES NO Have you otherwise accepted responsibility for the commission of a crime or entered a pre-trial/diversion program?
- YES NO Do you have any criminal charges pending against you?
- YES NO Have you ever been suspended (out-of-school), expelled, or placed on disciplinary probation by any college or university? This may include, but is not limited to, academic cheating, conduct violations, or alcohol policy infractions. If you answer "Yes", you are required to attach a statement from an appropriate school official corroborating your summary of the event in addition to your own explanation of the event.
- YES NO If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? If you have not served in the military, respond "No".

► RESEARCH INTERESTS

The thesis adviser is the primary mentor for a graduate student and this relationship is critical to your academic and research success. You must contact potential faculty advisers prior to applying. Coastal Carolina University faculty that you have communicated with are:

1. _____
2. _____
3. _____
4. _____
5. _____

Describe your proficiency and experiences with scientific instrumentation, field sampling, computer software, GIS, statistics, etc.

Please identify topics that you would consider for your thesis research. Indicate NO for any you would NOT consider.

Animal behavior	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Environmental chemistry	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Biochemistry	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Environmental ecotoxicology	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bioinformatics	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Environmental policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Climate change	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Microbiology	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coastal erosion and shoreline change	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Physiology	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coastal geology, stratigraphy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Animals	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coastal physical processes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Plants	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coastal remote sensing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Other _____		
Conservation biology	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		
Ecology	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		
Animals	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____		
Ecosystem analysis	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Marine estuarine	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Microbial	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Molecular	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Plants	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Watershed/landscape and wetland ecology	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

SOUTH CAROLINA RESIDENCY INFORMATION

(To determine In-State Tuition eligibility for Graduate Studies at Coastal Carolina University)

All applicants who claim residency in South Carolina or entitlement to in-state tuition are required to provide the requested information. Please complete this form in its entirety. All applicants who fail to complete all residency questions will be classified as non-residents and billed the out-of-state tuition rate. Additional information may be requested per SC Law 59-112.

Personal information

Name of Student _____

Social Security number *or* CCU ID _____

Age _____ Date of birth _____ City and State of birth _____

Residency information

List all addresses where you have lived for more than 30 days during the past 48 months. Begin with the most current address.

Address (Street, City, State, Zip code) _____ From: (month/year) _____ To: (month/year) _____

Address (Street, City, State, Zip code) _____ From: (month/year) _____ To: (month/year) _____

Address (Street, City, State, Zip code) _____ From: (month/year) _____ To: (month/year) _____

Who claimed you for federal income tax purposes in the past calendar year?

Self Other: Name _____ Relationship _____

How long has this individual resided in South Carolina? Years _____ Months _____

List all addresses where this individual has lived during the past 48 months, beginning with the current address.

Address (Street, City, State, Zip code) _____ From: (month/year) _____ To: (month/year) _____

Address (Street, City, State, Zip code) _____ From: (month/year) _____ To: (month/year) _____

Address (Street, City, State, Zip code) _____ From: (month/year) _____ To: (month/year) _____

List the above named person's:

Driver's License: State _____ Date issued (mm/dd/yy) _____ Check one: New Renewed Expiration date _____

Vehicle Registration: State _____ Date Issued (mm/dd/yy) _____ Check one: New Renewed

Has this individual been employed in South Carolina within the past 12 months? Yes No If yes, list employer's information:

Employer _____ Dates: From (mm/yy) _____ To (mm/yy) _____

Full-time *OR* Part-time City _____ State _____ Telephone (_____) _____

If claim for in-state tuition is based upon ACTIVE MILITARY assignment in South Carolina, complete the following information. Documents verifying Military Assignment must be submitted to the Office of Graduate Studies, Coastal Carolina University, P.O. Box 261954, Conway, S.C. 29528-6054.

Person on active duty in service: Self Spouse Parent/Guardian _____

I certify that all information provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to the disqualification of my application for admission to Coastal Carolina University.

Signature of Applicant _____ Date _____



Recommendation for Graduate School Admission

College of Natural and Applied Sciences

TO BE COMPLETED BY APPLICANT:

Legal name _____
Last First Middle or Maiden

Social Security number _____

If you prefer this to be a confidential letter of reference, you must sign and date the waiver of access below.

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Under the Family Rights and Privacy Act of 1974, a student enrolled at Coastal Carolina University has access to his or her educational records. The University's record policies comply with this law, while still allowing the student the option of waiving the right of access. To waive the right to examine this recommendation, please sign below. If left unsigned, you will have access to this document upon enrollment at Coastal Carolina University. The decision you make in no way affects the consideration of your application.

I hereby waive my right of access to any information contained on this recommendation form.

Signed _____ Date _____

Office of Graduate Studies

Coastal Carolina University • P.O. Box 261954 • Conway, South Carolina 29528-6054
843-349-2394 • 1-800-277-7000 • www.coastal.edu/graduate

Letter of Recommendation Request

You have been listed as a reference for the applicant above who is applying for Graduate Admission into the **Coastal Marine and Wetland Studies** program at Coastal Carolina University. Please complete this form at your earliest convenience as the applicant's record cannot be reviewed without this information. This form may be examined by the applicant upon request unless the Waiver of Access above is signed.

Please return this completed form to the Office of Graduate Studies, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054.

TO BE COMPLETED BY RECOMMENDER:

Date _____ Signature _____

Name _____ Title _____

Address _____

1. Knowledge of the Applicant

- Approximately how long have you known the applicant? Years _____
- How well do you feel you know the applicant? Casually Well Very well
- What is the nature of your contact with the applicant?
 - Teacher in one class Major adviser Employer
 - Teacher in more than one class Research adviser Other (specify) _____

(continued)



Recommendation for Graduate School Admission

College of Natural and Applied Sciences

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Signed _____ Date _____

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TO BE COMPLETED BY RECOMMENDER:

Date _____ Signature _____

Name _____ Title _____

Address _____

1. Knowledge of the Applicant

- Approximately how long have you known the applicant? Years _____
- How well do you feel you know the applicant? Casually Well Very well
- What is the nature of your contact with the applicant?

<input type="checkbox"/> Teacher in one class	<input type="checkbox"/> Major adviser	<input type="checkbox"/> Employer
<input type="checkbox"/> Teacher in more than one class	<input type="checkbox"/> Research adviser	<input type="checkbox"/> Other (specify) _____

(continued)

