

Introduction

Thank you for your interest in the graduate programs within the School of Coastal and Marine Systems Science 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 School of Coastal and Marine Systems Science.

The School offers the following programs: (1) a Master of Science degree (M.S.) in Coastal Marine and Wetland Studies, and (2) a Doctorate of Philosophy (Ph.D.) in Coastal and Marine Systems Science. These programs emphasize the study of the complex and interconnected nature of coastal systems. As such, students typically work to apply knowledge in biology, chemistry, geology, hydrology, atmospheric science and mathematics in better defining the nature of these complex systems and improving prediction of coastal behavior. Recognizing the environmental and economic importance of coastal environments as well as the increasing demand placed on these settings, the programs seek to infuse an understanding and consideration of societal interactions and management of these resources. The programs engage students in formal instruction, original research and professional experiences. The emphasis on specific areas depends on the particular degree program and track pursued. In addition to original research and professional experiences, thirty (30) graduate credit hours are required for the master's degree program and sixty (60) graduate credit hours are required for the Ph.D. program.

Financial support for graduate students is provided by various types of graduate assistantships. Application for a graduate assistantship may be found at coastal.edu/graduate/assistantships.html. You do not have to be accepted into the School of Coastal and Marine Systems Science before applying for a graduate assistantship.

IMPORTANT TELEPHONE NUMBERS

- School of Coastal and Marine Systems Science
843-349-4019
- Office of Financial Aid
843-349-2313

Submission of Required Credentials

Your application cannot be considered until your non-refundable \$45 application fee and all required credentials (as follows) are received:

- ▶ 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 acceptable scores on (1) the Test of English as a Foreign Language (TOEFL), or (2) the International English Language Testing System (IELTS); or certification denoting successful completion of an ELS Center Level 112 English language training program.
- ▶ **Letters of Recommendation** At least three 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.
- ▶ **Research Interests**
- ▶ **Statement of Professional Goals**
- ▶ **A Resumé**

Application Deadlines

Term	Postmark deadline
Fall Semester	January 15
Spring Semester	November 1

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



Application for Graduate Admission SCHOOL OF COASTAL AND MARINE SYSTEMS SCIENCE

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

DEGREE SOUGHT COASTAL MARINE AND WETLAND STUDIES (M.S.) COASTAL AND MARINE SYSTEMS SCIENCE (PH.D.)

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. EMAIL 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 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.
 No I should not be considered a South Carolina resident 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:
coastal.edu/graduate/graduatedegreeprograms/degreeseeking.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."

COMMUNITY STANDARDS (continued)

Written statement (required for all "Yes" responses). Attach an additional sheet of paper if necessary.

Multiple horizontal lines for writing a written statement.

21. APPLICATION AGREEMENT

I certify that these responses are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any knowing omissions or falsification herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all credentials. I agree to inform the Office of Graduate Studies, in writing, of any change in my plans to attend the University and any change to my responses to questions on this application. I understand that if I discontinue my enrollment in a major term at Coastal Carolina University at any time, I must submit a new application by the appropriate deadline. I also understand that the provision of my Social Security number and ethnicity/racial origin are not required to be considered for admission to the University.

My signature below is my promise that, should I enroll at Coastal Carolina University, I will abide by all rules and policies of the Code of Student Conduct and Academic Responsibilities as outlined in the University's Student Handbook. A copy of the Handbook can be found at coastal.edu/deanofstudents. Failure to truthfully disclose information may subject me to immediate expulsion.

Print name _____

Signature _____ Date _____

Office of Graduate Studies • Coastal Carolina University • P.O. Box 261954 • Conway, SC 29528-6054
843-349-2394 • 843-349-6444 fax • graduate@coastal.edu • coastal.edu/graduate

APPLICATION FEE: Credit card authorization for payment of the application fee. Complete this section only if you are paying the application fee by credit card.

Please PRINT clearly.

Check one: [] Mastercard [] Visa [] Discover [] American Express

Name (Print name as it appears on credit card) _____

Credit card number _____

Expiration date _____ V-code _____ (For Mastercard, Visa or Discover the V-code is the last three numbers in the signature line on the back of the card. For American Express the V-code is a four-digit number on the front right side of the card.)

I authorize the use of my credit card account. AMOUNT \$ _____

Signature _____ Date _____

Daytime telephone (_____) _____

► RESEARCH INTERESTS

The internship/thesis/dissertation 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 for admission. Please identify Coastal Carolina University faculty with whom you have communicated.

1. _____
2. _____
3. _____

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

► STATEMENT OF PROFESSIONAL GOALS

1. On a separate sheet, please identify your primary areas of research/study and secondary areas of expertise within the program that you envision will support your intended focus. (Limit this statement to three (3) typed pages.)
2. On a separate sheet, explain your long-term professional goals and how you see graduate education facilitating these goals.

► RESUME

Submit your resume with the completed application.

COASTAL CAROLINA UNIVERSITY RESIDENCY INFORMATION

Applicants who claim South Carolina residence for tuition and fee purposes must complete this form in its entirety. Additional information may be requested per SC Law 59-112. South Carolina residency requirements may be found online at che.sc.gov.

Student Information

Name of Student _____ Telephone (_____) _____

Social Security number or CCU ID _____ Email _____

Date of birth _____ State and country of birth _____

OPTION A: DEPENDENT STUDENT

A dependent student is defined as one who will receive more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment from a parent, guardian or spouse and will be claimed as a dependent or exemption on that individual's income tax returns.

With whom do you reside? Self Both parents
 Father Mother Other _____

Who claims you for federal income tax purposes? Self
 Both parents Father Mother Other _____

Parents marital status: Single/never married Married
 Divorced/separated Widowed Re-married

If parents are divorced or separated, who is the custodial parent?
 Not applicable Father Mother Shared custody

Dependent students are required to enter parent, guardian or spouse information below.

Who provides the majority of your financial support?

Name _____
First Last Relationship

Citizenship:
 U.S. citizen Permanent Resident Not a U.S. Citizen or Permanent Resident

Length of time as SC resident: Years _____ Months _____

Address: Street _____

City, State, Zip _____

Driver's License: State _____ Date Issued _____

New Renewed Expiration date _____

Vehicle Registration: State _____ Date Issued _____

New Renewed Date of purchase (MM/YYYY) _____

If you have relocated to SC, what was your previous state of residence? _____

Employment Status: Full-time Part-time
 Unemployed Retired Disabled

Employer's name _____

Employer's address _____

Employer's telephone (_____) _____

Dates of employment: From _____ to _____

If your claim to South Carolina resident status is based upon active military assignment to the state, please submit a copy of current orders to the Office of Admissions.

Person on active duty in service: Parent/Guardian Spouse
Branch of Service: USAF USA USN USMC USCG

OPTION B: INDEPENDENT STUDENT

Independent students are required to enter personal information below. An independent student is defined as one who will provide more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment and will NOT be claimed as a dependent or exemption on the income tax return of a parent, guardian or spouse.

YOUR INFORMATION

Name _____
First Last Age

Citizenship:
 U.S. citizen Permanent Resident Not a U.S. Citizen or Permanent Resident

Length of time as S.C. resident: Years _____ Months _____

Address: Street _____

City, State, Zip _____

Your marital status: Single/never married Married
 Divorced/separated Widowed Re-married

Current Residence: Rent/lease Own With Parents
 Campus residence

Driver's License: State _____ Date Issued _____

New Renewed Expiration date _____

Vehicle Registration: State _____ Date Issued _____

New Renewed Date of purchase (MM/YYYY) _____

If you have relocated to S.C., what was your previous state of residence? _____

Employment Status: Full-time Part-time
 Unemployed Retired Disabled

Employer's name _____

Employer's address _____

Employer's telephone (_____) _____

Dates of employment: From _____ to _____

If your claim to South Carolina resident status is based upon active military assignment to the state, please submit a copy of your current orders to the Office of Admissions.

Branch of Service: USAF USA USN USMC USCG

Home of record _____

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 _____

Signature of Parent or Legal Guardian _____ Date _____
(if applicant is under 18 years of age)



Recommendation for Graduate School Admission

School of Coastal and Marine Systems Science

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 • 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 **School of Coastal and Marine Systems Science** 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?

<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)



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School of Coastal and Marine Systems Science

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<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)

