

APPENDIX F. Forms

1. Graduate Student Application Review
2. Program of Study
3. Thesis Proposal
4. Thesis Proposal Defense
5. Thesis Defense
6. Department Checklist for Degree Completion

Graduate Student Application Review

Name:

Anticipated matriculation date: SPRING ____ SUMMER ____ FALL ____

Transcript summary:

College: _____ Major: _____ GPA: _____

Bio I/II		Chem I/II		Env. Sci		Statistics	
Ecology		Orgo I		GIS		Calculus	

Other Relevant Courses:

Letters of recommendation:

1. Recommender: _____ Title: _____ Years known: _____

In what capacity: _____ Overall recommendation: _____

Details: _____

2. Recommender: _____ Title: _____ Years known: _____

In what capacity: _____ Overall recommendation: _____

Details: _____

Scientific writing sample:

Type: _____ Quality/Comments: _____

Assistantship:

GA interest: Yes or No Experience: TA/GA No Other Comments:

Research:

Research Interests:

Advisor(s) indicated in cover statement? _____

Other possible advisors? _____ Advisor interested? _____

Recommend: Accept Reject Conditional Comments/suggested courses if conditional admit

Grad. Director _____

Reviewer #2 _____

Reviewer #3 _____

Department of Environmental Science and Ecology
Program of Study

Name: _____

Date _____

Dept. & No.	Title	Semester	500-lvl Credits	600/700-lvl Credits

TOTAL: _____

Major Advisor

Committee Member

Committee Member

Graduate Director

Date

Chair, Environmental Science & Ecology

Date

Department of Environmental Science and Ecology
Thesis Proposal

Date _____

Master's Degree Advisory Committee

Approved Not Approved

Major Advisor

Committee Member

Committee Member

Graduate Director

Date

Chair, Environmental Science & Ecology

Date

Department of Environmental Science and Ecology
Thesis Proposal Defense

Date _____

Master's Degree Advisory Committee

Approved Not Approved

Major Advisor

Committee Member

Committee Member

Graduate Director

Date

Chair, Environmental Science & Ecology

Date

**Department of Environmental Science and Ecology
Thesis Defense**

Thesis defense date _____

Thesis seminar date _____

Master's Degree Advisory Committee

Approved Not Approved

Major Advisor

Committee Member

Committee Member

Graduate Director

Date

Chair, Environmental Science & Ecology

Date

Department of Environmental Science & Ecology
MS Program Checklist

Student: _____ **Advisor:** _____

Student Information

Banner Number: _____

Email Address: _____

Program Start Date: FALL SPRING SUMMER YEAR: _____

CHECKLIST

DATE COMPLETED

<input type="checkbox"/>	Graduate Student Application Review	_____
<input type="checkbox"/>	College @ Brockport / Letter of Acceptance	_____
<input type="checkbox"/>	Program of Study	_____
<input type="checkbox"/>	Thesis Proposal	_____
<input type="checkbox"/>	Thesis Proposal Defense	_____
<input type="checkbox"/>	Thesis Seminar	_____
<input type="checkbox"/>	Thesis Defense	_____
<input type="checkbox"/>	Graduation Data Card (online)	_____
<input type="checkbox"/>	Three Copies of Thesis, with Signature Pages	_____
<input type="checkbox"/>	PDF of Thesis submitted to library (online)	_____
<input type="checkbox"/>	Request For Change of Grade Forms - submitted	_____

☐ Student has satisfied all requirements of the MS
Program in Environmental Science and Ecology
Form Submitted to Registration and Records _____

Graduate Coordinator _____

Date _____

Exit Information

Job (Position, title): _____

Email Address: _____

Address: _____