

**NOAA OFFICE OF EDUCATION
EDUCATIONAL PARTNERSHIP PROGRAM
GRADUATE SCIENCES PROGRAM**

STUDENT APPLICATION

STUDENT DATA (please type or black ink)

Name _____
(First) (Middle) (Last)

Current Academic Status: [] Undergraduate Student
[] Graduate Student
[] Baccalaureate Recipient Not Currently Enrolled
[] M.S. Recipient Not Currently Enrolled
[] Other _____

COLLEGE/UNIVERSITY _____

Department _____ Major _____

City _____ State _____ Zip _____ Phone _____

SCHOOL RESIDENCE _____

City _____ State _____ Zip _____ Phone _____

E-mail Address _____ Cell Phone _____

Address effective through: _____ After this date, all correspondence will be sent to the permanent address listed below unless otherwise requested.

PERMANENT ADDRESS _____

City _____ State _____ Zip _____ Phone _____

Fax Number: _____

GENERAL

U.S. Citizen: [] Yes [] No If no, give the country of your citizenship _____

Do you claim veteran's preference? [] Yes [] No If yes, mark your claim of 5 or 10 points below:

[] 5 points - attach your DD214 or other proof. [] 10 points - attach an application for 10-Point Veteran Preference (SF-15) and proof required.

Were you ever a Federal Civilian Employee? [] Yes [] No

If yes, list highest civilian grade given _____
Series, grade/date

PAPERWORK REDUCTION ACT INFORMATION

NOAA conducts the Office of Education, Educational Partnership Program, Graduate Sciences Program in order to promote the education and training of students in NOAA sciences. The information contained in this reference form will be used in conjunction with the application to select graduate students. The information on this form will not be treated confidentially. Public reporting burden for this collection of information is estimated to average 1 hour per application including the time for reviewing the instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to NOAA Office of Education, Educational Partnership Program, 1315 East-West Highway, Silver Spring, MD 20910

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

Are you eligible for reinstatement based on career or career-conditional Federal Status?
 Yes No If yes, attach SF-50 proof

DEGREE PROGRAM

I plan to pursue a Master's or Doctorate (check both boxes if a candidate for both degrees)

M.S. degree expected (date) _____ Major: _____

Ph.D. degree expected (date) _____ Major: _____

NOTE: Support is available for two years (See page 2 of Program Description for additional information).

EDUCATION

List Technical Schools, Universities/Colleges. Begin with most current institution. **Transcripts are required from each institution listed below.**

Undergraduate Institutions

INSTITUTION	DATES ATTENDED	MAJOR	DEGREE RECEIVED	MONTH/YEAR	GPA

Graduate Institutions

INSTITUTION	DATES ATTENDED	MAJOR	DEGREE RECEIVED	MONTH/YEAR	GPA

GRADE POINT AVERAGE (Compute GPA for all institutions attended)

Use 4.0 scale to compute (A=4, B=3, C=2, D=1). **If university grading scale is other than 4.0 (for example, 5.0 or 6.0) please recompute to 4.0. Please round to two decimal places.**

Undergraduate Cumulative GPA _____

Graduate Cumulative GPA _____

GRADUATE RECORD EXAMINATION (REQUIRED)

Verification of these scores is required. (Note: Official Graduate Examination (GRE) Scores must be sent directly by the Educational Testing Service to NOAA EPP/MSI Graduate Sciences Program, 1315 East West Highway, Room 10703, Silver Spring, MD 20910. The GRE is required for all applicants.

GRE TEST RESULTS

DATE TEST TAKEN/TO BE TAKEN

EXAMINATION	SCORE	PERCENT (%)
Verbal		
Quantitative		
Analytical		

RESEARCH EXPERIENCE

Describe paid or non-paid research experience related to NOAA’s mission related sciences.

Position Title _____

From _____ **To** _____ **Hours Per Week** _____

Employer’s Name and Address _____

Supervisor’s Name and Phone Number _____

Describe Your Duties and Responsibilities in the space below or on an attached sheet.

TWO PAGE ESSAY (Minimum two pages)

Include a two-page essay describing your interest in NOAA and how your graduate education will impact NOAA's mission. Identify the office in NOAA that would benefit most from your scientific/research experience.

TWO PAGE ESSAY (continued)

EMPLOYMENT RECORD

Begin with current or most recent employment (*use extra page, if necessary*)

EMPLOYER	FROM/TO	POSITION	NATURE OF WORK

ACADEMIC AWARDS AND HONORS

Include undergraduate and graduate honors (*if applicable*).

EXTRACURRICULAR ACTIVITIES

Include technical societies and service organizations (*include offices held*).

REFERENCES

List three persons familiar with your academic preparation and your technical capabilities. Please have these individuals transmit the attached reference forms directly to NOAA (address on bottom of reference form).

1.
2.
3.

CURRENT AND PLANNED COURSES

If you are not currently enrolled in school and all of your completed courses are listed on the transcript submitted with this application, the Current Courses section does not apply (indicate N/A). **In all cases the Planned Courses section is required.** It may be necessary for you to contact your first choice university to obtain the required first year courses. **Please type or print clearly.**

CURRENT COURSES FOR THIS ACADEMIC YEAR (2007-2008)

University _____

COURSE TITLE	COURSE NUMBER	HOURS

PLANNED COURSES FOR THE NEXT ACADEMIC YEAR (2007-2008)

If you are not currently enrolled in graduate school, it may be necessary for you to contact your first choice university to obtain the required first year courses. Please type or print clearly.

University _____

COURSE TITLE	COURSE NUMBER	HOURS

