

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

**STUDENT APPLICATION**

**STUDENT DATA** (please type or use 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**

**How did you learn about the Graduate Sciences Program?**

- [ ] Academic Advisor
- [ ] Email communication
- [ ] Scholarship Alumni (please provide name): \_\_\_\_\_
- [ ] Website (please specify): \_\_\_\_\_
- [ ] Advertisement (please specify): \_\_\_\_\_
- [ ] National Conference (please specify): \_\_\_\_\_
- [ ] Other (please specify): \_\_\_\_\_

**PAPERWORK REDUCTION ACT INFORMATION**

NOAA Office of Education administers the 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 8 hours 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. As needed, student information may be disclosed to the National Oceanic and Atmospheric Administration Office of Civil Rights and the Workforce Management Office to assist the Office of Education in completing and maintaining the student tracker records. The justification for sharing information on a need to know basis within the agency is provided explicitly within the statutory language of the Privacy Act. See 5 U.S.C. 552a(b)(1).

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.

**NOAA OEd EPP/MSI GSP STUDENT APPLICATION**

**NAME:** \_\_\_\_\_

U.S. Citizen:  Yes  No

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

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

**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 support NOAA's mission. Identify the office in NOAA that would benefit most from your scientific/research experience.**

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**TWO PAGE ESSAY (continued)**

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**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 form directly to NOAA (address on bottom of reference form).

1.
2.
3.

**CURRENT AND PLANNED COURSES**

**CURRENT COURSES FOR THIS ACADEMIC YEAR**

University \_\_\_\_\_

COURSE TITLE	COURSE NUMBER	HOURS

**PLANNED COURSES FOR THE NEXT ACADEMIC YEAR**

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

University \_\_\_\_\_

COURSE TITLE	COURSE NUMBER	HOURS

