State University College at Buffalo
1300 Elmwood Avenue
Buffalo, NY 14222

APPLICATION FOR ADMISSION TO CANDIDACY
MASTER OF SCIENCE EDUCATION
EARTH SCIENCE

(To be submitted after completion of at least six (6), but not more than twelve (12) credit hours.)

NAME ___________________________________________ STUDENT NO. ____________________

(Last) (First) (M.I.)

ADDRESS ______________________________________ PHONE __________________________

CITY __________________________ STATE ______ ZIP ______

NOTE: A MINIMUM OF 15 HOURS OF GRADUATE WORK MUST BE COMPLETED IN 600-700 LEVEL COURSES.

REQUIRED SCIENCE EDUCATION COURSES (9 Hrs.) Sem Hrs. Grade Anticipated Completion Date
SCI 628 (3) __________________ ______________________________________________________
SCI 632 (3) __________________ ______________________________________________________
SCI 685 (3) __________________ ______________________________________________________
RESEARCH (3-9 Hrs.) ___________ ___________ ___________
SCI 694 (3) (Recommended, especially for educ. research) ____________________________
Must Select One of the Following:
SCI/GES 690 (3) OR SCI/GES 795 (6)
COURSES IN SCIENCE OR MATH (12-18 HRS.)* 

MINIMUM PROGRAM REQUIREMENTS: 30 Hrs.
* To be selected by Advisement.

COMPETENCIES: Each student must demonstrate competencies in the following areas. Indicate course to be taken or anticipated exam date.

Historical Geology: Course Or Exam Oceanography: Course Or Exam
Paleontology: Course Or Exam Minerology & Petrology: Course Or Exam
Geomorphology: Course Or Exam Meteorology: Course Or Exam
Astronomy: Course Or Exam
Biology coursework: List: Chemistry coursework: List:
Physics coursework: List:

The following courses completed at OTHER INSTITUTIONS are presented for evaluation as part of the Master's Degree. (10 semester hours maximum for graduates of SUNY units or if work is being transferred from the other units of SUNY; in all other instances, 6 semester hours is the maximum hours eligible for transfer.) Only courses with grade A or B are acceptable. Official transcripts must be sent by the college or university to the Office of Graduate Studies.

Name of Institution Course Sem Hrs. Grade Anticipated Completion Date
____________________________________________________
____________________________________________________
____________________________________________________

This program as outlined above has been reviewed. The applicant agrees to complete the program as described in order to meet the degree requirements. The candidate further agrees to abide by all regulations published in the graduate catalog.

Date Candidate ______________________________
Date Advisor __________________________________
Date Department Chair __________________________
Date Dean, FNSS ______________________________

NOTE: Changes in approved program must be requested on the form available from Department or Graduate Office. Changes must be approved by Advisor, Department Chair, and Faculty Dean.