

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.L)

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)	_____	_____	_____
<b>Must Select One of the Following:</b>			
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 \_\_\_\_\_  
 Palenontology: Course \_\_\_\_\_ Or Exam \_\_\_\_\_ Mineralogy & Petrology: Course \_\_\_\_\_ Or Exam \_\_\_\_\_  
 Geomorphology: Course \_\_\_\_\_ Or Exam \_\_\_\_\_ Meterology: 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 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.**