Washington University in St. Louis
University College in Arts & Sciences

MASTER OF SCIENCE IN BIOLOGY FOR EDUCATORS
APPLICATION FOR ADMISSION

Application for ☐ Summer 20__

Please read the following instructions before completing application: This form should be used only for application to the Master of Science in Biology for Educators sponsored jointly by University College and the Graduate School of Arts & Sciences. Type or print clearly and answer all applicable questions.

All applicants must submit the following materials.

1. **Completed application form**
2. **Official transcripts from all previous undergraduate and graduate study**
   You must request that official transcripts from all colleges and universities attended be sent directly by the registrar of each institution. Students who have attended institutions outside of the United States should provide comparable certified documents. A transcript request form is attached to this application or can be found online at ucollege.wustl.edu/files/ucollege/transcriptreleaseform.pdf.
3. **A $35 non-refundable application fee payable to Washington University in St. Louis**
   The fee is waived for all Washington University staff.
4. **Three (3) Letters of Recommendation**
   These should be completed by academic or corporate associates using the Personal Recommendation Form. A recommendation form is attached to this application or can be found at ucollege.wustl.edu/files/ucollege/graduatepersonalreference.pdf. If you include recommendations with this application, each must be placed in a sealed envelope with a signature across the flap, or you may ask the recommender to mail it directly.

Please mail all materials to:

University College, Graduate Admissions
Washington University in St. Louis, Campus Box 1085
One Brookings Drive - January Hall, Room 20
St. Louis, MO 63130-4899
ATTN: Pat Agnew

Please Print or Type:

Today's Date: _____

_____
Last or Family Name First Name Middle/Maiden Name

Email: _____

Home telephone: _____ Mobile telephone: _____

_____
Address

_____
City State Zip

Date of birth: _____ ☐ Male ☐ Female

Place of birth: _____ Citizenship: _____

Type of Visa (if not a U.S. citizen): _____

If English is not your first language, what is your first language: _____

What is your TOEFL (www.ets.org/toefl) score? _____
Test scores must be forwarded to the University College Office of Admissions

Optional:
To comply with Federal Law, Washington University is required to request the following racial/ethnic information.
Which of the following do you identify with? (You may check more than one)

- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ Black or African American
- ☐ White

School District: _____ School Name: _____

_____
School Address

_____
City State Zip

School is: (choose one) ☐ Public ☐ Private ☐ Parochial ☐ Charter

Total Enrollment: _____ Approximate percentage of minority students: _____

Fields or activities emphasized at school, if applicable: _____

Name of high school or secondary school you graduated from: _____

City and State: _____ Date of graduation: _____

Have you ever applied to, been admitted to, or enrolled at Washington University before? ☐ Yes ☐ No
If yes, please check below and fill in the dates:

	Undergraduate	Graduate	Date
Applied:	☐	☐	_____
Admitted:	☐	☐	_____
Enrolled:	☐	☐	_____

List in chronological order ***all colleges and universities*** you have attended:

Institution	Dates of Attendance	Degree Earned/Major Field	Date
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

If you have received any fellowships, scholarships, other academic honors or additional training, please indicate and give dates:

_____

_____

Additional science training:

_____

_____

Total number of years teaching high school: _____

Current teaching assignment (course names): _____

Special positions or responsibilities within district, school or department: _____

_____

Participation in curriculum development or enrichment programs: _____

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Active involvement in professional organizations: _____

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Other educational activities: _____

_____

Describe your teaching style and your familiarity with research-based curriculum and methods:

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Describe your professional growth over the years and your plans for the future. What would you like to contribute to the field of science education, as a teacher, a department member, and as a professional in a broader sense? Please attach a separate page if necessary.

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Have you ever been suspended from a university or college, placed on probation, or convicted of a crime? ☐ Yes ☐ No

Washington University encourages and gives full consideration to all applicants for admission, financial aid, and employment. The university does not discriminate in access to, or employment in, its programs and activities on the basis of race, color, age, religion, sex, sexual orientation, national origin, gender identity or expression, veteran status, or disability. Inquiries about compliance should be addressed to the University's Vice Chancellor for Human Resources, Washington University, Campus Box 1184, One Brookings Drive, St. Louis, MO 63130.

I certify that the information given by me on this application is complete and accurate, and I understand that any misrepresentation may be cause for the refusal of admission.

Applicant Signature: _____ Date: _____

Please print your name: _____

Social Security number: _____

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TRANSCRIPT RELEASE FORM

This form is provided to assist you in obtaining an official transcript from all United States colleges and universities you attended before your application to University College at Washington University. Please complete and mail one completed form ***with your University College application*** for each U.S. college/university you attended prior to applying to University College. University College will send the request(s) for your official transcript(s) on your behalf.

We must have this original, signed form to request your transcript.

Today's date: _____

I do hereby authorize the Registrar of:

_____
Name of U.S. college or university you attended

_____
Address

_____
City State Zip

to release a certified copy of my college transcript to:

University College
Washington University in St. Louis, Campus Box 1085
One Brookings Drive - January Hall, Room 20
St. Louis, MO 63130-4899
ATTN: Pat Agnew
Phone: 314.935-6802 | Email: paagnew@wustl.edu

Your signature: _____

Please Print or Type:

_____
Last or Family Name First Name Middle/Maiden Name

Email: _____

Cell or Evening telephone: _____ Date of birth: _____

_____
Address

_____
City State Zip

Student ID/SSN at this college/university or program: _____

Dates you attended this college/university or program: _____

PLEASE MAIL THE COMPLETED, SIGNED TRANSCRIPT RELEASE FORM TO UNIVERSITY COLLEGE
Emails and Fax copies are not acceptable.