



## DEPARTMENTAL APPLICATION FORM - GRADUATE PROGRAM

**Program:**  Master of Science in Biology  
 Master of Science in Microbiology

Term applying for: Fall 20 \_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

First Name \_\_\_\_\_

City/State \_\_\_\_\_

Middle \_\_\_\_\_

Zip \_\_\_\_\_

CSULB ID# \_\_\_\_\_

Telephone \_\_\_\_\_

*If ID# not available, use last 4 digits of SSN*

Email Address \_\_\_\_\_

**Bachelor's Degree:** Graduation Date \_\_\_\_\_

Institution \_\_\_\_\_

Major(s) \_\_\_\_\_

Other Institutions Attended \_\_\_\_\_

**Areas of Biology you are interested in to do your Thesis Research (check all that apply):**

Cell & Molecular Biology     Ecology     Evolution     Marine Biology     Microbiology     Physiology

Other (specify): \_\_\_\_\_

TOEFL Score (for International Students): \_\_\_\_\_

References have been requested from (please list):  
\_\_\_\_\_

Briefly state your Career Goals \_\_\_\_\_

Which faculty member(s) are you interested in as your Thesis Advisor?  
\_\_\_\_\_

Have you communicated with your potential Advisor(s)?  Yes     No

Please send this form via email to [BioGradAdmission@csulb.edu](mailto:BioGradAdmission@csulb.edu), or mail to:  
Graduate Office, Department of Biological Sciences, California State University Long Beach,  
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