



Departmental Application Form - Graduate Program

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

Last Name _____

First Name _____

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): _____

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 upload this form with your Cal State Apply application in Quadrant Four.
Questions? Contact BioGradAdmission@csulb.edu*