

UNIVERSITY OF HAWAII AT MANOA • OCEANOGRAPHY SUPPLEMENTAL INFORMATION FORM

TYPE OR PRINT CLEARLY.

Semester <input type="checkbox"/> FALL _____ <input type="checkbox"/> SPRING _____	Intended Graduate Program OCEANOGRAPHY	Degree Objective <input type="checkbox"/> MS <input type="checkbox"/> Ph.D.	Concentration / Specialization (if any) <input type="checkbox"/> Marine Geology & Geochemistry <input type="checkbox"/> Physical Oceanography <input type="checkbox"/> Biological Oceanography					
Full Legal Name Family / Last		First	Full Middle					
Current Mailing Address		City / Province	State / Country Zip / Postal Code					
Telephone ()		Fax ()	Email Address					
Provide the name(s) of the UHM faculty member(s) you have personally communicated with regarding your admission to UHM, if any:								
List academic honors: e.g. fellowships, other scholarly awards. A curriculum vitae or resume may be submitted in lieu of this statement.								
Indicate the nature of your activities since you received your undergraduate degree. A curriculum vitae or resume may be submitted in lieu of this statement.								
ACADEMIC REFERENCES Name:		Name:	Name:					
Telephone ()		Telephone ()	Telephone ()					
Bachelor's Degree - University/College	State/Country	Date Awarded	Program of Study Grade Point Average					
Master's Degree - University/College	State/Country	Date Awarded	Program of Study Grade Point Average					
Name of institution (List below course(s) in progress.)	Course Number	Level of Course Undergraduate or Graduate	Descriptive Title of Course Credit Hours					
SELF-REPORTED STANDARDIZED TEST SCORES								
GRE General Test	Verbal	Quantitative	Analytical	Writing	Date	GRE Subject Test Subject Taken:	Score	Date
							TOEFL	
I certify that the answers and responses provided on this form are complete and correct to the best of my knowledge and belief.								
Signature of Applicant						Date _____		

MAIL THE COMPLETED FORM DIRECTLY TO:
 Department of Oceanography
 University of Hawaii at Manoa
 1000 Pope Road
 Honolulu, HI 96822
 Attn: Kristin Momohara