

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			As of December 2019, GRE scores are no longer required.	
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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