

UNIVERSITY OF HAWAII AT MANOA • OCEANOGRAPHY SUPPLEMENTAL INFORMATION FORM

TYPE OR PRINT CLEARLY.

Semester FALL _____ SPRING _____	Intended Graduate Program OCEANOGRAPHY	Degree Objective MS Ph.D.	Concentration / Specialization (if any) Marine Geology & Geochemistry Physical Oceanography Biological Oceanography	
Full Legal Name Family / Last		First	Full Middle	
Current Mailing Address		City / Province	State / Country	Zip / Postal Code
Telephone ()		Email Address		
Provide the name(s) of the UHM Oceanography faculty member(s) you have personally communicated with regarding joining their lab as a graduate student:				
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
TOEFL	SELF-REPORTED STANDARDIZED TEST SCORES IF APPLICABLE			
	Score	Date Taken	As of December 2019, GRE scores are no longer required.	
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