

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
DEPARTMENT OF BIOLOGICAL SCIENCES**

**DEPARTMENTAL APPLICATION FORM
MASTER OF SCIENCE IN BIOLOGY**

For semester:

Fall 20 _____

Spring 20 _____

LAST NAME FIRST MIDDLE Soc. Sec.# (or CSULB ID#)

ADDRESS CITY/STATE ZIP TELEPHONE ()

E-MAIL ADDRESS

BACHELOR'S DEGREE (Date and Institution) MAJOR(S)

Briefly describe the area(s) of biology in which you want to do your thesis research:

COURSES	INSTITUTION	COURSE TITLE	COURSE NUMBER	UNITS	GRADE	YEAR TAKEN
(Biol 211) Intro to Evolution & Diversity						
(Biol 212) Intro to Cell & Molecular Biol						
(Biol 213) Intro to Ecology & Physiology						
General Chemistry (2 semesters)						
General Physics (2 semesters)						
Calculus (2 semesters)						
Biostatistics						
Geology						
Microbiology						
Organic Chemistry (2 semesters)						
Biochemistry (2 semesters)						
Genetics						
Cell Biology						

(over)

COURSES	INSTITUTION	COURSE TITLE	COURSE NUMBER	UNITS	GRADE	YEAR TAKEN
Ecology						
Physiology						
Plant/Animal Morphology						
Directed Research						

List additional science and related courses below:

INSTITUTION	COURSE TITLE	COURSE NUMBER	UNITS	GRADE	YEAR TAKEN

1) GRE GENERAL TEST (percentiles):
 Verbal _____, Quantitative _____, Analytical Writing _____
 (I have signed up to take the test on: _____)

2) TOEFL Score for International Students: _____

Briefly state your career goals:

Please mail this form directly to: Graduate Office
 Department of Biological Sciences
 California State University, Long Beach
 1250 Bellflower Boulevard
 Long Beach, CA 90840-3702