

PLANT PATHOLOGY PROGRAM
APPLICATION FOR GRADUATE STUDY

1. Name _____
Last name First name Middle
2. Current address _____

3. Permanent address: _____
_____ Phone: _____
4. Entrance semester: Fall _____ Spring _____ Summer _____ Level: PhD _____ MS _____
5. Areas of Plant Pathology you are interested in: _____

6. Name any members of the faculty with whom you would like to work: _____

7. Undergraduate college/university: _____
Major: _____ GPA: _____ Degree/Date Awarded: _____
8. Graduate college/university: _____
Major: _____ GPA: _____ Degree/Date Awarded: _____
9. GRE Scores or date exam will be taken (the Department requires this exam):
Verbal _____ % _____ Quantitative _____ % _____ Analytical _____ % _____
Advanced _____ % _____ Date exam taken or will be taken _____
10. Describe any research and/or teaching experience you have: (use extra sheets if necessary):

11. Do you wish to be considered for funding by the Department? YES _____ NO _____
12. Have you applied to other departments at MSU? If so, which departments? _____

13. Return this form along with a copy of your Statement of Purpose to:

Dr. Ray Hammerschmidt, Professor and Graduate Director
Department of Plant, Soil and Microbial Sciences
578 Wilson Road, Room 107 Center for Integrated Plant Systems
Michigan State University
E. Lansing, MI. 48824