

# DEPARTMENT OF BIOLOGICAL SCIENCES GRADUATE APPLICATION

RETURN THIS FORM TO:  
 University of North Texas  
 Department of Biological Sciences  
 Graduate Secretary  
 P.O. Box 305220  
 Denton, TX 76203-5220



**IMPORTANT:**  
 This application is for the Department of Biological Sciences only. Additional applications are required by the Toulouse School of Graduate Studies

Name (in full): \_\_\_\_\_  
(Last name) (First name) (Middle) (Maiden Name)

*Note: Please do not use nicknames or initials except where initials alone constitute your full legal name.*

Present mailing address: \_\_\_\_\_  
(Street, route or box #) (City) (State) (Zip) (Country)

Home phone: (\_\_\_\_) \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

UNT ID # 

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Have you enrolled at UNT under another SSN? If yes, print it here: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
(City) (State) (Country)

If not a U.S. citizen, are you a permanent resident of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

**Type of admission applied for:**

- \_\_\_\_\_ 2<sup>nd</sup> Bachelor's
- \_\_\_\_\_ MA (problem-in-lieu)
- \_\_\_\_\_ MA (coursework only)
- \_\_\_\_\_ MS (thesis)
- \_\_\_\_\_ PhD

Have official GRE or GMAT scores been sent to UNT?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Date of exam: \_\_\_\_\_ Score: V \_\_\_\_\_  
 Q \_\_\_\_\_

Have official TOEFL scores been sent to UNT?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Date of exam: \_\_\_\_\_ Score: \_\_\_\_\_

Have you contacted a prospective major professor? If yes, who?  
 \_\_\_\_\_

Your admission to a Biological Sciences graduate degree program is not final until satisfactory scores on the appropriate tests have been received from the Educational Testing Service by the Toulouse School of Graduate Studies.

List below all colleges or universities in which you have been officially registered. Include dates of attendance and degrees (if any) with dates awarded.

Name of College/University	City / Province	State / Country	Dates of attendance	Degree	Date awarded (expected)

**I certify that the information furnished is correct to the best of my knowledge.**

\_\_\_\_\_  
(Applicant's signature) (Date)