Department of Geographical Sciences

University of Maryland, College Park

**Five Year BS/MS Program Departmental Application**

**Student Information:**

|  |  |
| --- | --- |
| Student ID: | Date: |
| First name: | Last name: |
| Street address: | City, state: |
| Telephone: | Email: |
| Major: Minor: | Undergraduate faculty advisor: |

**Eligibility:**

|  |  |
| --- | --- |
| GPA:  |  |
| Class standing: |  |
| # Credits remaining for BS degree: |  |

**Senior year course plan. Explicitly indicate which courses double-count as graduate level courses.**

|  |  |  |
| --- | --- | --- |
| Senior Year Fall | Senior Year Spring | Total Credits |
| Course | Credits | Course | Credits |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **GEOG6XX (elective)** | **3** | **GEOG606** | **3** |
| **GEOG798** | **1** | **GEOG798** | **1** |
|  | Total: |  | Total: | Total credits this year: |  |
|  | Cumulative credits after this year: |  |

Attach a one-page statement indicating your intended research topic.

First choice of graduate faculty advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second choice of graduate faculty advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this application with all additional attachments to Dr. Rachel Berndtson by **April 1.**

**To be completed by the Department:**

**BS/MS Program decision: Accepted ( ) Not accepted ( )**

**Departmental Signatures:**

By signing below, I attest to the fact that I have reviewed the above student’s BS/MS research statement, and I approve it in the context of the student’s overall academic goals. My signature also indicates my recommendation of this student for enrollment in the Geographical Sciences BS/MS program, as well as my agreement to serve as this student’s BS/MS faculty advisor.

Graduate Faculty Advisor Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BS/MS Coordinator Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate Director Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_