

APPLICATION FOR GRADUATE STUDIES IN PHOTONICS

Oklahoma State University
Stillwater OK 74078-3072

Name _____
Last First Middle

Mailing Address _____
Daytime Telephone _____
Evening Telephone _____
E-Mail _____

Semester to begin studies: _____

Photonics Graduate Program of immediate interest: _____ Date you wish to begin studies: _____

() M.S. (Non-Thesis Option) Research areas which interest you: _____
() M.S. (Thesis Option)
() Ph.D. _____

An applicant admitted to the photonics graduate program with physics as his/her home department* will be awarded a Teaching Assistantship; an applicant whose home department* is electrical engineering need apply separately online at http://www.ece.okstate.edu/Graduate/assistshp_app.html to be considered for a Teaching Assistantship.

An international applicant with previous academic degrees earned in programs for which English was not the primary instructional language must provide a copy of his/her TOEFL or IETLS score.

List colleges and Universities attended. Include anticipated degrees. Please include (or arrange to be sent) a copy of all your academic transcripts with this application. Unofficial transcripts will suffice for the application process.

Institution	Dates Attended	GPA	Degree
-------------	----------------	-----	--------

Institution	Dates Attended	GPA	Degree
-------------	----------------	-----	--------

Names and addresses of three references.
Please request these individuals submit their recommendation directly to the address given below.
Recommendation forms are included for convenience; alternatively letters of reference may be submitted.

1 _____
Name Address

2 _____
Name Address

3 _____
Name Address

Please provide a "statement of purpose" focusing on your educational plans and career goals and any additional information which you think will better enable us to evaluate your application.

*Select the department which most closely matches your educational background, then arrange to have all application materials sent to the corresponding address (choose ONE only!):

() **PHYSICS**

-OR-

() **ELECTRICAL ENGINEERING**

Physics Graduate Coordinator
Photonics Degree Programs
Department of Physics
Oklahoma State University
Stillwater OK 74078-3072

ECEN Graduate Coordinator
Photonics Degree Programs
Department of Electrical and Computer Engineering
Oklahoma State University
Stillwater OK 74078-5032

**OKLAHOMA STATE UNIVERSITY
DEPARTMENT OF PHYSICS**

Name of Applicant _____

Last

First

Middle

To the Applicant: This form should be given to a professor who is able to comment on your qualifications for graduate study. You should not request a recommendation from a nonacademic person unless you have been away from an academic institution for some time.

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee that students will have access to educational records concerning them unless that right has been waived.

I waive my right to review this recommendation

I do not waive my right to review this recommendation

Applicant's signature _____ Date _____

To the Respondent: The Physics Department at Oklahoma State University will appreciate your evaluation of this applicant's potential for success in graduate school.

1 How long have you known the applicant and in what capacity?

2 Is the applicant's academic potential greater or less than that indicated by his/her grades?
Insert an X where appropriate.

Less Slightly Less Equal Slightly Greater Greater

3 Please rate the applicant on each characteristic in comparison with other students you have known with approximately the same amount of experience and training.

CHARACTERISTIC	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Oral English Skills						
Written English Skills						
Originality						
Maturity						
Desire to Achieve						
Cooperation						
Carefulness in Work						
Responsibility						
Initiative						
Enthusiasm						
Intellectual Capacity						

4 Please provide any other information you think pertinent concerning the applicant's initiative, intellectual ability, perseverance, resourcefulness, experimental skills, organizational skills, etc. (Feel free to attach a separate sheet or letter.)

5 Please indicate your overall recommendation for the applicant.

- Strongly recommend
- Recommend
- Recommend with reservations
- Do NOT recommend

Signature of Respondent

Date _____

Name (print)

Title _____

Address

RETURN TO:

Graduate Coordinator
Physics and Photonics Programs
Department of Physics
Oklahoma State University
Stillwater OK 74078-3072

Thank you for completing this recommendation form.

**OKLAHOMA STATE UNIVERSITY
DEPARTMENT OF PHYSICS**

Name of Applicant _____

Last

First

Middle

To the Applicant: This form should be given to a professor who is able to comment on your qualifications for graduate study. You should not request a recommendation from a nonacademic person unless you have been away from an academic institution for some time.

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee that students will have access to educational records concerning them unless that right has been waived.

I waive my right to review this recommendation

I do not waive my right to review this recommendation

Applicant's signature _____ Date _____

To the Respondent: The Physics Department at Oklahoma State University will appreciate your evaluation of this applicant's potential for success in graduate school.

1 How long have you known the applicant and in what capacity?

2 Is the applicant's academic potential greater or less than that indicated by his/her grades?
Insert an X where appropriate.

Less Slightly Less Equal Slightly Greater Greater

3 Please rate the applicant on each characteristic in comparison with other students you have known with approximately the same amount of experience and training.

CHARACTERISTIC	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Oral English Skills						
Written English Skills						
Originality						
Maturity						
Desire to Achieve						
Cooperation						
Carefulness in Work						
Responsibility						
Initiative						
Enthusiasm						
Intellectual Capacity						

4 Please provide any other information you think pertinent concerning the applicant's initiative, intellectual ability, perseverance, resourcefulness, experimental skills, organizational skills, etc. (Feel free to attach a separate sheet or letter.)

5 Please indicate your overall recommendation for the applicant.

- Strongly recommend
- Recommend
- Recommend with reservations
- Do NOT recommend

Signature of Respondent

Date _____

Name (print)

Title _____

Address

RETURN TO:

Graduate Coordinator
Physics and Photonics Programs
Department of Physics
Oklahoma State University
Stillwater OK 74078-3072

Thank you for completing this recommendation form.

**OKLAHOMA STATE UNIVERSITY
DEPARTMENT OF PHYSICS**

Name of Applicant _____

Last

First

Middle

To the Applicant: This form should be given to a professor who is able to comment on your qualifications for graduate study. You should not request a recommendation from a nonacademic person unless you have been away from an academic institution for some time.

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee that students will have access to educational records concerning them unless that right has been waived.

I waive my right to review this recommendation

I do not waive my right to review this recommendation

Applicant's signature _____ Date _____

To the Respondent: The Physics Department at Oklahoma State University will appreciate your evaluation of this applicant's potential for success in graduate school.

1 How long have you known the applicant and in what capacity?

2 Is the applicant's academic potential greater or less than that indicated by his/her grades?
Insert an X where appropriate.

Less Slightly Less Equal Slightly Greater Greater

3 Please rate the applicant on each characteristic in comparison with other students you have known with approximately the same amount of experience and training.

CHARACTERISTIC	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Oral English Skills						
Written English Skills						
Originality						
Maturity						
Desire to Achieve						
Cooperation						
Carefulness in Work						
Responsibility						
Initiative						
Enthusiasm						
Intellectual Capacity						

4 Please provide any other information you think pertinent concerning the applicant's initiative, intellectual ability, perseverance, resourcefulness, experimental skills, organizational skills, etc. (Feel free to attach a separate sheet or letter.)

5 Please indicate your overall recommendation for the applicant.

- Strongly recommend
- Recommend
- Recommend with reservations
- Do NOT recommend

Signature of Respondent

Date _____

Name (print)

Title _____

Address

RETURN TO:

Graduate Coordinator
Physics and Photonics Programs
Department of Physics
Oklahoma State University
Stillwater OK 74078-3072

Thank you for completing this recommendation form.