

# APPLICATION FOR GRADUATE STUDIES IN PHYSICS

Oklahoma State University  
Stillwater OK 74078-3072 / 405-744-5796

Name

Last

First

Middle

Mailing Address

Daytime Telephone

Evening Telephone

E-Mail

Physics Graduate Program of immediate interest:

Date you wish to begin studies: \_\_\_\_\_

M.S. (Non-Thesis Option)

M.S. (Thesis Option)

Ph.D.

Research areas which interest you: \_\_\_\_\_

An applicant admitted to the graduate program in physics will be awarded 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. Unofficial transcripts will suffice for the application process.

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

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|-------------|----------------|-----|--------|
|-------------|----------------|-----|--------|

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.**

Please return all application materials to:

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

**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:

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

*Thank you for completing this recommendation form.*

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Date \_\_\_\_\_

Name (print)

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Title \_\_\_\_\_

Address

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\_\_\_\_\_

\_\_\_\_\_

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