The Department of Biology  
at the University of Missouri-St. Louis

Undergraduate Certificate in Conservation Biology

Application Form

To apply for this program you must either be a regularly enrolled undergraduate at UM-St. Louis or have applied to the University to be an unclassified undergraduate student. Prospective certificate students will be contacted and a personal interview with committee members may be arranged prior to official admittance into the program.

Return the completed application form and all supporting documents (listed below) to the Chair, Curriculum Committee, Department of Biology, Rm 223e Research, University of Missouri-St. Louis, One University Boulevard, St. Louis, MO 63121

1. Name________________________________________

2. Mailing address____________________________________

3. Phone__________________________________________

4. E-mail address____________________________________

5. Present occupation_________________________________

6. Are you currently enrolled in a university?_________________________

   If yes, where and for how long?______________________________

7. Major field of study_____________________________________

8. Provide names and addresses of two people who are providing letters of recommendation. Have the letters sent directly to the Department of Biology (see form below).

_________________________________________________________________

_________________________________________________________________

9. Have an official transcript of all course work sent to the Biology Department.

10. If you are currently enrolled in courses, list them below:

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The Department of Biology
at the University of Missouri-St. Louis

Undergraduate Certificate in Conservation Biology

The Department of Biology would appreciate your opinion in connection with the application of ________________________________ to enroll in the Conservation Biology Certificate program. We are particularly interested in your evaluation of the applicant’s interest in conservation and on his/her ability to participate in an independent practicum (internship). Please mail this letter to the Chair, Curriculum Committee, Department of Biology, 223e Research, University of Missouri-St. Louis, One University Boulevard, St. Louis, MO 63121.

Name of Referee ________________________________ Phone number __________________

Position ____________________________________________________________________________

Date __________________________ Signature __________________________