

**FLORIDA GULF COAST UNIVERSITY
DIVISION OF JUSTICE STUDIES
MASTER OF SCIENCE in CRIMINAL FORENSIC STUDIES**

Supplemental Application

Name

(Last) (First) (M.I.)

Social Security #

Current Address

Permanent Address

Street

Street

City State Zip

City State Zip

From _____ To _____

Telephone

E-Mail Address

() ()

Daytime Evening

Will there be application materials, such as transcripts, under a different name?

YES _____ NO _____

If yes, please list other names by which you have been known:

Place of Birth _____

Nation of Citizenship _____

Birthdate Month _____ Day _____ Year _____

Age _____

The Florida Gulf Coast University has a commitment to encourage diversity among all persons affiliated with the Criminal Forensic Studies Program. The information in the following will assist us in our efforts to monitor the effectiveness of this area. (Optional)

Sex: Male _____ Female _____

Ethnic Origin (Check One)

_____ Hispanic _____ Asian or Pacific Islander
_____ Black (not of Hispanic origin) _____ American Indian or Alaskan Native
_____ White (not of Hispanic origin) _____ Other - Specify Below

If you plan on being employed, please indicate how many hours per week you will be working: _____

Indicate the month and year you have taken or plan to take the GRE:

Taken _____ Plan to take _____

All applicants must select their specific area of concentration. You may only select one concentration. Applicants will be evaluated competitively within their chosen concentration.

- Forensic Behavioral Analyst
 - Death Investigator
 - Criminalistics, or
 - Human Identity and Trauma Analysis

EDUCATIONAL EXPERIENCE: List below ALL colleges/universities attended starting with your most recent study. You should immediately request that official transcripts from all colleges/universities attended be sent directly to the Office of Graduate Studies, 10501 FGCU Boulevard South, Fort Myers, FL 33965-6565.

Name and Location of College/University	Dates of Attendance From Month/Year to Month/Year	Major and Degrees Received	Date Received/Expected

Legal Disclosure Statement

For practicum placement purposes, it is important that you disclose if you have any records expunged pursuant to applicable law. If you answer yes to any of the following questions, please fully disclose all incidents on a separate sheet of paper. By doing so, you can avoid any risk of disciplinary action or revocation of an offer of admission as well as rejection from any practicum sites. You may be required to furnish the Criminal Forensic Studies program with copies of all official documents explaining the final disposition of the proceedings. This information will be confidential; any action to be taken will be first discussed with you.

1. Are you currently or have you ever been, charged with or subject to disciplinary action for scholastic or any other type of misconduct at an educational institution? YES NO

2. Have you ever been charged with a violation of the law (misdemeanor, felony) which resulted in, or, if still pending, could result in probation, community service, a jail sentence or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)? YES NO

PROFESSIONAL AND OTHER WORK EXPERIENCE

Please complete on this page.

List all paid employment in chronological order starting with the most recent. Please be specific in describing the positions held. List all positions held, including part time and full time. Please account for all your time for at least the past ten years. If additional space is needed, use a separate sheet.

Name of Organization & Immediate Supervisor	Dates Employed	Position Held	Full or Part Time

Practicum/Internships

Name of Organization	Dates	Experiences	# of Hours

Volunteer Experience

Name of Organization	Dates	Position Held

Note: Do not attach a resume in lieu of filling out these sections

Signature _____ Date _____

IMPORTANT: EACH APPLICANT MUST READ AND SIGN THE FOLLOWING SECTION

I understand that this application is for admission only to Florida Gulf Coast University and is valid only for the year indicated in Item #1. I also understand and agree that I will be bound by the FGCU Master of Science in Criminal Forensic Science Program University regulations concerning admission requirements as published in the catalog. Moreover, I understand that admission to the program is competitive and that this application does not ensure my admission to the Master's Degree in Criminal Forensic Studies Program.

I certify that all the information given in this application is complete, accurate, and true, and, if admitted, I hereby agree to abide by the policies of the Board of Trustees and the rules and regulation of the University. Should any of the information I have given change prior to my entry to the University, I will immediately notify the Graduate Admissions Office.

Applicant's Signature

Date

Social Security #