

# Master of Environmental Studies Admission Application

Complete this application or download it at [www.evergreen.edu/mes](http://www.evergreen.edu/mes)

A nonrefundable application fee of \$50 in the form of a check payable to The Evergreen State College must accompany this form. Forward all materials to:  
**Admissions Office, The Evergreen State College, Olympia, WA 98505-0002**

☐ **MES only**

☐ **MES/MPA\***

Please indicate the year  
for which you are applying.

**Fall 20** \_\_\_\_\_

\* Please call 360.867.6225 for more information.

Have you ever applied for admission to Evergreen? ☐ No ☐ Yes Year/Term \_\_\_\_\_

Have you previously attended Evergreen? ☐ No ☐ Yes Year/Term \_\_\_\_\_

*If yes, please note that current and former Evergreen students must request their Evergreen transcript from the Office of Registration and Records.  
There is a \$10 copying fee for this service payable by check to The Evergreen State College.*

Baccalaureate degree earned/expected from \_\_\_\_\_  
Name of Institution Date Conferred Major

How did you hear of the Evergreen Master of Environmental Studies Program? ☐ MES website

☐ Other website \_\_\_\_\_ ☐ Information Session (when/where?) \_\_\_\_\_

☐ Graduate or Career Fair (when/where?) \_\_\_\_\_ ☐ Other \_\_\_\_\_

## PERSONAL DATA

Social Security Number \_\_\_\_\_ Evergreen ID# **A** \_\_\_\_\_  
(If you previously attended Evergreen)

By law, providing your Social Security Number is optional, but it speeds up the processing of your admission and financial aid applications. It may also be used for educational research purposes. Releasing student information will be in accordance with all appropriate state and federal laws. Institutions using the SSN as the student ID will assign alternate numbers upon request.

☐ **Female**

☐ **Male**

Legal Name \_\_\_\_\_  
Last First Middle Jr., etc.

Former Name(s): \_\_\_\_\_  
Last First Middle Jr., etc.

Mailing Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City State Zip

All admissions correspondence will be sent to the mailing address. Notify the Office of Admissions two weeks prior to a change of mailing address.

Permanent Address \_\_\_\_\_  
(if different from above)

Phone ( ) \_\_\_\_\_ Alternate Number ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month/Day/Year City State Country if other than U.S.

Are you a resident of Washington state? ☐ No ☐ Yes:\* from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
\* If yes, you must include dates of your most recent continuous residence in Washington.

Are you a U.S. citizen? ☐ Yes ☐ No: list country, visa type, date granted \_\_\_\_\_

What is your country of permanent residence? \_\_\_\_\_

Are you a U.S. military veteran? ☐ No ☐ Yes Active duty? ☐ No ☐ Yes Separation date (mo/yr \_\_\_\_\_)

Are you the child of a deceased veteran? ☐ No ☐ Yes

## ETHNIC AND RACIAL INFORMATION (OPTIONAL)

### ■ Are you Hispanic in origin?

☐ **No, I am non-Hispanic in origin.**

☐ **Yes, I am Hispanic in origin.** (select one or more)

- |                                      |   |  |  |                                       |                                     |
|--------------------------------------|---|--|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Argentinian | <input type="checkbox"/> Cuban                      | <input type="checkbox"/> Guatemalan                                  | <input type="checkbox"/> Nicaraguan                                    | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Uruguayan  |
| <input type="checkbox"/> Bolivian    | <input type="checkbox"/> Dominican                  | <input type="checkbox"/> Honduran                                    | <input type="checkbox"/> Panamanian                                    | <input type="checkbox"/> Salvadoran   | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> Chilean     | <input type="checkbox"/> Ecuatorian<br>(Ecuadorian) | <input type="checkbox"/> Mexican or<br>Mexican-American<br>(Chicano) | <input type="checkbox"/> Peruvian                                      | <input type="checkbox"/> Spanish      |                                     |
| <input type="checkbox"/> Colombian   |   |  |  |                                       |                                     |
| <input type="checkbox"/> Costa Rican |   |  | <input type="checkbox"/> Other Hispanic Origin _____<br>Please specify |                                       |                                     |

### ■ How do you describe your race? (select one or more)

Please indicate whether you are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White below, and where applicable, select additional boxes that specify your race in the particular sub areas accordingly.

#### ☐ **American Indian or Alaska Native**

**American Indian** (select one or more)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Chehalis  | <input type="checkbox"/> Lower Elwha         | <input type="checkbox"/> Quinault      |
| <input type="checkbox"/> Chinook   | <input type="checkbox"/> Lummi               | <input type="checkbox"/> Samish        |
| <input type="checkbox"/> Colville  | <input type="checkbox"/> Makah               | <input type="checkbox"/> Sauk-Suiattle |
| <input type="checkbox"/> Cowlitz   | <input type="checkbox"/> Muckleshoot         | <input type="checkbox"/> Shoalwater    |
| <input type="checkbox"/> Duwamish  | <input type="checkbox"/> Nisqually           | <input type="checkbox"/> Skokomish     |
| <input type="checkbox"/> Hoh       | <input type="checkbox"/> Nooksack            | <input type="checkbox"/> Snohomish     |
| <input type="checkbox"/> Jamestown | <input type="checkbox"/> Port Gamble Klallam | <input type="checkbox"/> Snoqualmie    |
| <input type="checkbox"/> Kalispel  | <input type="checkbox"/> Puyallup            | <input type="checkbox"/> Snoqualmoo    |
| <input type="checkbox"/> Kikiallus | <input type="checkbox"/> Quileute            | <input type="checkbox"/> Spokane       |

☐ Other American Indian \_\_\_\_\_  
Please specify

**Alaska Native** (select one or more)

- |  |   |
|--|---|
| <input type="checkbox"/> Alaska Aleut<br>(Unangan)                   | <input type="checkbox"/> Alaska Eyak      |
| <input type="checkbox"/> Alaska Alutiq                               | <input type="checkbox"/> Alaska Haida     |
| <input type="checkbox"/> Alaska Athabaskan                           | <input type="checkbox"/> Alaska Tlingit   |
| <input type="checkbox"/> Alaska Eskimo<br>(Inupiaq or Yupik)         | <input type="checkbox"/> Alaska Tsimshian |
| <input type="checkbox"/> Other Alaska Native _____<br>Please specify |   |

#### ☐ **Asian** (select one or more)

- |   |                                     |  |                                    |                                      |                                     |
|---|-------------------------------------|--|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Chinese    | <input type="checkbox"/> Japanese                            | <input type="checkbox"/> Maldivian | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Taiwanese  |
| <input type="checkbox"/> Bangladeshi            | <input type="checkbox"/> Filipino   | <input type="checkbox"/> Korean                              | <input type="checkbox"/> Mongolian | <input type="checkbox"/> Singaporean | <input type="checkbox"/> Thai       |
| <input type="checkbox"/> Bhutanese              | <input type="checkbox"/> Hmong      | <input type="checkbox"/> Laotian                             | <input type="checkbox"/> Nepali    | <input type="checkbox"/> Sri Lankan  | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Burmese                | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Madagascar                          |                                    |                                      |                                     |
| <input type="checkbox"/> Cambodian (Kampuchean) | <input type="checkbox"/> Malayan    | <input type="checkbox"/> Other Asian _____<br>Please specify |                                    |                                      |                                     |

#### ☐ **Black or African American**

#### ☐ **Native Hawaiian or Other Pacific Islander** (select one or more)

- |   |  |  |   |   |   |
|---|--|--|---|---|---|
| <input type="checkbox"/> Fijian           | <input type="checkbox"/> Marshall Islander | <input type="checkbox"/> Papua New Guinean       | <input type="checkbox"/> Solomon Islander                               | <input type="checkbox"/> Tokelauan          | <input type="checkbox"/> Vanuatuan (New<br>Hebrides Islander) |
| <input type="checkbox"/> Guamanian        | <input type="checkbox"/> Micronesian       | <input type="checkbox"/> Ponapean<br>(Pohnpeian) | <input type="checkbox"/> Tahitian                                       | <input type="checkbox"/> Tongan             | <input type="checkbox"/> Yapese                               |
| <input type="checkbox"/> Kosraean         | <input type="checkbox"/> Native Hawaiian   | <input type="checkbox"/> Samoan                  | <input type="checkbox"/> Tarawa Islander                                | <input type="checkbox"/> Trukese (Chuukese) |   |
| <input type="checkbox"/> Mariana Islander | <input type="checkbox"/> Palauan           |  | <input type="checkbox"/> Other Pacific Islander _____<br>Please specify |   |   |

#### ☐ **White** (includes people of European, Middle Eastern, or North African descent)

## EDUCATIONAL BACKGROUND

List in order of attendance and have **one official transcript sent from all colleges and universities you have ever attended** or will attend before enrollment. **Do not exclude or omit any colleges**, regardless of how many credits you earned there or the nature of the program in which you were enrolled. Applicants may transfer as many as 12 quarter credit hours or six semester hours from another accredited institution with approval from the MES director.

[illegible]

**Describe any significant public and community activities.** (attach an additional page if needed)

[illegible]

**List courses that have had a significant impact on the development of interests that lead you to apply to the Master of Environmental Studies program.** (attach an additional page if needed)

Course Title	# Credit or Seminar Hours	Year Completed	College or University

**REFERENCES** List three references who will be sending letters of recommendation on your behalf:

Name	Phone number (include area code)
1. _____	_____
2. _____	_____
3. _____	_____

### APPLICATION CHECKLIST

All items must be submitted to the Admissions Office. Your file must be complete before your application will be considered. Initial decisions on who to admit will be based on a review of files completed by February 15; applications recieved thereafter will be considered periodically until the program fills. International students must contact the Office of Admissions for information about additional application procedures. This checklist is provided for your convenience. Consult **www.evergreen.edu/mes** for complete details on the admission process and requirements.

**Please ensure that your application includes the following:**

- ☐ MES Admission Application Form.
- ☐ Application fee (nonrefundable) of \$50 payable to The Evergreen State College.
- ☐ Official transcripts from each and every college or university attended (including Evergreen; please make transcript request through Registration and Records), regardless of credit earned, the nature of course work or whether you received a degree.
- ☐ A résumé listing key experiences relevant to your interest in environmental studies.
- ☐ Typed statement of 500-1,000 words explaining why you want to pursue graduate work in environmental studies.
- ☐ Three letters of recommendation.
- ☐ Official Graduate Records Examination (GRE) results.

In signing this form, I understand that failure to submit complete official transcripts from all schools, colleges or universities attended may result in denial of this application or my subsequent dismissal from this institution. I certify that, to the best of my knowledge, all statements I have made are complete and true. I hereby give permission to release appropriate information (e.g., test scores and academic records) requested by The Evergreen State College. **I understand that my application is incomplete without my signature below.**

Print Name

Signature

Date

#### Additional information

- Persons with disabilities requiring accommodation or assistance in the application process may contact Access Services for Students with Disabilities at (360) 867-6348, or (360) 867-6834 TTY. This publication will be made available in alternate formats upon request. These phone numbers may be accessed through the Washington State TDD Relay Service at (800) 833-6388.
- The Evergreen State College subscribes to the principles and laws of the state of Washington and the federal government, including applicable executive orders pertaining to civil rights. Evergreen is committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, physical handicap, race, religion, status as a disabled veteran or Vietnam-era veteran, gender or sexual orientation.
- Be sure to make copies of your application materials before submitting them. Application materials become the property of The Evergreen State College and cannot be returned, forwarded or copied after we receive them.