

College of Forest Resources 2017 Summer Field Program Application

Check one: Transfer Student Current Student MSU ID: _____

Name: _____ Cell Phone: _____

Address: _____ City, State, Zip _____

List all colleges attended: 1. _____

2. _____ 3. _____

I plan to pursue the following option in FORESTRY (check only one):

Forest Management Option (FOMG)

Environmental Conservation Option (ENCO)

Forest Products Option (FP)

Urban Forestry Option (URBN)

Wildlife Management Option (WFMG)

Please check the courses in which you plan to enroll.

FO 3012 Introduction to Forest Communities (*Prerequisites: Dendrology and Soils*)

FO 3015 Forest Description and Analysis (*Prerequisites: Forest Measurements and Statistics*)

FO 4231 Forest Op and Harvesting Lab (*Co-Requisite: FO 3015 Forest Description and Analysis*)

WFA 3031 Wildlife and Fisheries Practices (*No pre-requisites required*)

Prerequisite Information

Required Prerequisites	Semester Taken Or in Progress	Where Taken	Grade (if completed)
Soils			
Dendrology			
Statistics			
Forest Measurements			

- Prerequisites for each course must be met. You may not enroll in a course for which the prerequisites have not been completed. A grade of “F” or “Audit” will not satisfy a prerequisite. Transfer students must have at least a C in prerequisite courses.
- Transfer students currently enrolled in prerequisites must have a statement of successful completion sent from the course instructor. Verification should be emailed directly to Lanna Miller (LCM1@msstate.edu) before **May 12**.
- Transfer students must also send final transcripts (after spring semester grades are posted) to MSU Admissions to finalize admissions or student records will be placed on hold.
- Admission to MSU and registration for Summer Field Program must be finalized to participate in first day activities.

I certify that I meet the minimum prerequisites for enrollment in the CFR Summer Field Program courses. I am aware that I will be dropped from any course for which prerequisites are not met.

Signature

Date

2017 Summer Field Program Medical Information Sheet

This form must be complete and on file with the CFR Office of Student Services before a student will be allowed to participate in Summer Field Program activities. This information will be provided to the instructors of the Summer Field Program and kept on file in the Office of Student Services.

Name: _____ Local Phone: _____

1. Please list allergic reactions you may have to such things as poison oak, bee stings, medicine, etc.

2. Are you diabetic? _____ Yes _____ No

3. Please list any medical condition in which you might need medical assistance.

4. List all medicine and/or vitamins you are taking.

5. List two people that can be notified in case of an emergency:

Name

Day Phone

Night Phone

Signature

Date

Application and Medical Information must be returned to
Lanna Miller, College of Forest Resources
Box 9680, Mississippi State, MS 39762
Email: LCM1@msstate.edu Fax: 662-325-1612 Office: 129 Thompson Hall

Application Deadline: March 31