



PLEASE PRINT OR TYPE AND SUBMIT FORM TO MOP COORDINATOR

Marine Option Program

Student Information and Resource Form



Application Date: _____

E-mail _____

Name _____
Last First M.I.

Student ID No. _____.

Current Address & Phone _____

Permanent Address & Phone () _____

Tuition Status: Resident/Non Resident

Class: Fr.,So.,Jr.,Sr. Exp. Grad Date: _____

Declared Major: _____

Are you interested in a marine career? Y/N

Home Town: _____

Date of birth: _____ Exchange Student?__

Schools Attended:	Institution & Location	Dates of attendance, degree earned
High School		
College		
Professional School		

College Level Marine related courses

Course	Institution	Semester, Year & Grade
MOP Class		
Ocean 201/171		
Interdisciplinary		
Elective 1		
Elective 2		

List special achievements such as honors and awards & certifications

Marine Experience:

Certification (Answer Yes/No, and date and type of certification)

First Aid_____, CPR_____, O2 training_____, SCUBA_____, AAUS_____

Please rate your water skills: _____

Do you participate in the following?

Snorkel_____, SCUBA_____, Swim_____, Windsurf_____, Sail_____, Surf_____, Body surf_____,

Canoe_____, Fish_____, Kayak_____, Photography_____, Other_____

Are you interested in earning a certificate through the Marine Option Program? **Y/N**

Do you have any ideas for a MOP project or internship, which you might be interested in?

How do you think MOP might be able to assist you academically?

How did you hear about MOP/Other comments?

You may attach additional supporting information along with this information form.

Student Signature_____

Date ____/____/____