



PLEASE PRINT OR TYPE AND SUBMIT FORM TO MOP COORDINATOR

Marine Option Program

Student Information and Resource Form



Application Date: _____

E-mail _____

Name _____

Student ID No. _____

 Last First M.I.

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
Ocean 201/171		
MOP Class		
Interdisciplinary		
Elective 1		
Elective 2		

List special achievements such as honors and awards

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**

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

Do you have any skills or ideas, which might be of special interest to MOP?

How did you hear about MOP/Other comments?

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

Student Signature_____

Date_____/_____/_____