

**College of Forest Resources
2022 Summer Field Program Application**

Check one: Transfer Student Currently Enrolled MSU Student

Name: _____ MSU ID: _____

Cell Phone: _____

List all colleges attended: 1. _____

2. _____ 3. _____

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 (*Co-Requisite: FO 3015 Forest Description and Analysis*)
 WFA 3031 Wildlife and Fisheries Practices (*No pre-requisites required*)

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

I understand that admission to MSU and registration for Summer Field Program must be finalized to participate in first day activities.

For any in-progress courses listed above taken outside of MSU, I will send a copy of my final grade or an email from my teacher confirming my status by May 16 to Ms. Lanna Miller (lcm1@msstate.edu).

For any transfer credit listed above, I will send final, official transcripts to MSU Admissions or my student record will be placed on hold.

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

Signature

Date

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.

Name: _____ Cell 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 which could require 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
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_____	_____	_____
_____	_____	_____

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 Office: 129 Thompson Hall

Application Deadline: March 31