

**College of Forest Resources
2025 Summer Field Program Application**

Name: _____ MSU ID: _____

Cell Phone: _____

List all previous colleges attended:

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	List Semester Taken Or In Progress	Where Taken	Grade (if complete)
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 grades by May 15 to Ms. Lanna Miller (lcm1@msstate.edu).

For all transfer credit, 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. It is the student's responsibility to inform and update SFP staff of any relevant medical information.

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. For safety concerns related to outdoor field instruction, please list any medical condition which could require medical assistance.

4. For safety concerns related to outdoor field instruction, please list all medicine you are taking.

5. List two people who 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,
Email: LCM1@msstate.edu Office: 129 Thompson Hall

Application Deadline: March 31