

WILDLIFE BIOLOGIST APPLICATION

Embry-Riddle Aeronautical University - Worldwide

Please complete the entire form.

If you need assistance, please contact us at **1-866-574-9125**.

CONTACT INFORMATION

Full Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number _____

Email Address _____

EDUCATION AND TRAINING

Education: List all colleges or universities attended, with most recent listed first.

College/University	Address (City/State)	Start and End Dates (Month/Year)	Degree

For all institutions listed above, an official transcript must be requested and sent to the following address:

Embry-Riddle Aeronautical University
Wildlife Biologist Credential Review Committee
16326 Cranwood Drive
Spring, TX 77379

Courses Taken: List all relevant courses taken, with most recent listed first.

Course Number	Course Name	Start and End Dates (Month/Year)	Degree

Relevant Job Experience: List all relevant job experiences, with most recent listed first.

Name of Employer / Organization	Position Title	Start and End Dates (Month/Year)	Hrs/Wk or Total Hours
1.			
Supervisor's Name and Title:			Email: Phone:
Key Responsibilities:			
2.			
Supervisor's Name and Title:			Email: Phone:
Key Responsibilities:			
3.			
Supervisor's Name and Title:			Email: Phone:
Key Responsibilities:			

APPLICATION FEE: \$300.00 (USD)

PAYMENT: (If you are paying by check, please enclose your check with the application.)

Type of Card (circle): Visa, Master Card, American Express, and Discover.

Cardholder Name _____

Account Number _____ CIV#: _____
(last 3 numbers on back of card)

Expiration Date: _____

Signature: _____

FAX COMPLETED FORM TO: (281) 370-3925

Or mail completed form with check payment to:

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