_____ Received

2012 APPLICATION FOR OFF-CAMPUS J TERM PROGRAM

_____ Entered

PROGRAM NAME : _____

Early application is recommended. Incomplete applications will not be considered.
You are allowed to apply to <u>one</u> program only.

PART I: STUDENT INFORMATION

Last Name: _____ First & Middle Name: _____

Hartwick ID #: _____Major: _____Minor: _____

Sex: ☐ Male ☐ Female Graduation year: _____ GPA: _____

Campus Box #: _____ Email Address: _____ Alternate email: _____

Local Phone: (____)_____Cell Phone: (____)_____

Passport number: _____ Date of birth: _____

Parent/Guardian Name: _____

Home Mailing Address: _____

Home Phone: (____)_____Home Fax: (_____)_____

Parent/Legal Guardian Email: _____

PART II: PROGRAM RELEVANCE

1. Please indicate your reasons for applying to this particular program.

2. What on-campus or off-campus courses have you taken that are relevant to this off-campus program?

3. Briefly describe any previous experience with travel or residence in other countries or other regions of the United States.

PART III: REFERENCES

Please list the names of (2) two references, including titles, phone numbers and the duration of the relationships. References cannot be parents or legal guardians. **For current Hartwick students**, one reference must be a Hartwick faculty member with whom you have taken a class; the other can be another faculty member or an administrator, coach, or staff member. **For students entering Hartwick in '10**, one reference may be a high school faculty member with whom you have taken a class; the other can be another high school faculty member, coach or administrator.

1. Name: _____ Title: _____ Phone Number: (___) ___-____

   Duration of relationship: _____

2. Name: _____ Title: _____ Phone Number: (___) ___-____

   Duration of relationship: _____

PART IV: SIGNATURES

This section must be signed by your academic advisor, off-campus Program Director, and YOU. Applications will not be considered without these three signatures. Signature of program director does not signify acceptance into the program; it represents recognition of your interest to participate. All complete applications received will be reviewed before participant selections are made.

I recommend the applicant for admission to the program listed on this application. By signing, I verify that this student is in good academic standing and is eligible for participation in this program.

Academic Advisor _____ Date _____

I have conferred with the applicant and approve this application for consideration. My signature does not signify automatic acceptance into the chosen program; it signifies my recognition of student's interest.

Program Director _____ Date_____

I certify that all information provided by me in this application, or otherwise in connection with my application for participation in this program, is factually true and complete, and that if selected for participation, I will comply with all program requirements. I understand that if my GPA falls below 2.0, or if I am placed on academic or disciplinary probation between the time of acceptance and J Term, I will become ineligible for this program and cancellation penalties will apply.

Hartwick College often reprints pictures submitted to the Center for Interdependence (photo contests, etc.) in promotional material. If you are willing to have a picture of you included, please indicate below.
Yes, I agree to having my photographs reprinted or shared. (Initial here and check box.) _____ ☐

Participant _____ Date _____