

Willamette University Post Session
Sangro Valley Project Archaeological Field School
Application Instructions

A complete application consists of the following items, all of which must be turned into the Office of International Education (OIE) in Matthews by **Monday, February 1, 2010**.

Program dates are July 8 – August 4, 2010

- **Application for Admission**: Attached. Complete and sign.
- **Certification of Ability**: Sign the Certification of Ability statement on the back of the Application. Archaeological field work in the Mediterranean during the summer is strenuous and exhausting.
- **One Faculty Recommendation**: Attached. **SIGN the waiver BEFORE giving it to your reference**. Your application is not complete unless the waiver is signed and the form/letter is received in the OIE. Give the recommender AT LEAST three weeks to complete and return the materials.
- **Essay – typed, double-spaced**: Complete 250-300 words on the general question: *What do I hope to accomplish by participating in the archaeological field school in the Abruzzo, Italy?* In your essay, indicate archaeological field experience you may have had.

Students will be informed of their status in the program 2-4 weeks beyond the application deadline, and advised of the deposit and payment schedule. Payment for the post session will be made directly through Student Accounts. Students are required to participate in mandatory pre-departure meetings held during Spring Semester.

WITHDRAWALS:

TO WITHDRAW after acceptance to a program:

Students must send WRITTEN notification to the Office of International Education (OIE) as soon as s/he determines that s/he will be unable to participate in the post session. A signed letter/memo or an email will qualify as written notification. The OIE will notify the faculty director and an assessment of incurred finances will be made. Students will be informed as soon as possible of any financial obligations.

QUESTIONS:

Please call OIE at 503-375-5493, on-campus (direct dial x5493) or email oiadvising@willamette.edu.

APPLICANT: Please keep this page for your records.

**Willamette University Post Session
Sangro Valley Project Archaeological Field School**

APPLICATION for ADMISSION

Please print clearly

Applicant's Name _____ Student ID # _____

Major(s) _____ Minor(s) _____ Expected graduation date _____

Current standing (circle one) Frosh Soph. Jr. Sr. Cumulative G.P.A. _____

Date of Birth (DAY/MO/YR) _____ Sex: M F Country of citizenship _____

Current Address _____ Campus Box (WU students) _____

Best phone number to contact you quickly _____

Permanent Address _____ city _____ state _____ zip _____

Telephone (campus) _____ Telephone (home) _____

Email address (campus) _____ (other, if applicable) _____

Have you ever been suspended or expelled from a college or university, or been subject to disciplinary action for any reason? Yes No **If yes, please attach a separate page which explains the offense and disciplinary action.**

Emergency Contact Information:

Name(s) _____ Relationship _____

Address _____ city _____ state _____ zip _____

Telephone (home) _____ (work) _____ (cell) _____

Email: _____

Alternate Emergency Contact Information:

Name(s) _____ Relationship _____

Address _____

Telephone (home) _____ (work) _____ (cell) _____

Email: _____

Do you have a current passport? Yes No If Yes, what is the expiration date? _____

If you do not have a passport, it is suggested you obtain one IMMEDIATELY and submit evidence (copy of application) that you have started the process. Find application instructions materials at: <http://travel.state.gov/passport/>.

I certify that the information given on this application is true and complete. I agree to release any and all records and transcripts held by Willamette University or other institution to the Office of International Education as necessary for my participation on an off-campus study program. I understand that as a participant in a WU post session, I shall be subject to certain rules and requirements of the university and of cooperating universities in the U.S. and overseas, which I agree to fulfill in all respects, subject to immediate dismissal from the program if I do not do so. I understand my campus judicial record will be reviewed prior to acceptance and, if accepted, prior to the start of my program. I agree to assume financial responsibility for the program fee as determined by the Office of International Education and for my own welfare overseas. If I am accepted to this program, I agree to attend all mandatory pre-departure meetings. I also agree to allow the Office of International Education to distribute my name, address, and telephone number to other participants who are participating in my program prior to departure.

Name (printed): _____

Signature: _____ Date: _____

Please turn over for Certificate of Ability.

Certification of Ability

I certify that I am physically and emotionally fit to participate in a five-week summer archaeological field school in the Abruzzo, Italy. I understand that I will be exposed to direct sunlight for several hours per day and that the temperatures may be very high. I also understand that I will be expected to assist with the maintenance and cleaning of the field school facilities during the entire field camp and that I will be living in co-ed dormitory-style housing for the duration of the project.

PRINT NAME: _____

Signature of applicant _____ Date _____

**Willamette University Post Session
Sangro Valley Project Archaeological Field School**

Faculty Recommendation Form

Please print clearly

Applicant's Name _____ **Email** _____ **Phone** _____

Application deadline Monday, February 1, 2010

APPLICANT: SIGN THIS WAIVER (choose YES or NO) BEFORE GIVING THIS FORM TO THE PERSON WHO WILL DO THE RECOMMENDATION. Give him/her AT LEAST three weeks to complete the recommendation.

Student waiver statement: In accordance with the Family Educational Rights and Privacy Act of 1974, Willamette University recognizes that applicants of its Study Abroad Programs have the right to access all materials in their files. "I am aware of my right under the provisions of PL 93-380.513 to inspect recommendations written on my behalf. In order to encourage the authors of these recommendations to write with candor, I have elected not to exercise my rights under the aforesaid statute, and affirm that I shall not do so in the future. This waiver will remain in effect 1) until I notify, in writing, the Office of International Education, at which time this recommendation will be removed from my file and returned to the author, or 2) until the Office of International Education destroys this recommendation."

I, therefore, WAIVE my access to this recommendation and understand that it will be used for the purpose for which it was prepared.

YES, I waive this right _____

NO, I do not waive this right _____

Signature of applicant

Date

Please return completed form to:

**Office of International Education (OIE) - Matthews Hall
Willamette University
900 State Street
Salem, OR 97301**

Questions: Ph: 503.375.5493

FACULTY: THE STUDENT MUST SIGN THIS FORM ABOVE BEFORE YOU COMPLETE IT.

TO FACULTY: The above student has applied for admission to a Willamette University post session. Post session study often places greater demands on students. These demands affect concentration, academic performance, emotional stability, etc. Please consider this when writing a recommendation for the student.

1. How long have you known the applicant?

2. How would you describe this student's academic ability in general?

Continued- next page

3. How well would you expect the applicant to adapt to the pressures and responsibilities of excavating in the heat of the Italian summer, living in a crowded co-ed dormitory, and assisting with menial housekeeping chores?

4. Any additional comments you would like to make?

Please feel free to attach additional typewritten pages if you desire.

Printed name of person writing reference _____

Signature _____ Date _____

E-mail address _____