



APPLICATION INSTRUCTIONS

OTS looks forward to receiving your semester abroad application. Up to 25 participants will be admitted to each semester program. Most participants in the semester program are juniors or seniors, although eligible students at any level will be considered for admission. While the majority of participants are biology or environmental science majors, humanities and social sciences majors are strongly encouraged to apply.

PREREQUISITES

To be eligible for participation in the semester program, students must have completed two semesters of college level biology and two semesters of college level Spanish. Students who have not completed two semesters of Spanish at the time of acceptance may fulfill this requirement through an intensive Spanish immersion program.

APPLICATION DEADLINES

The deadline for receipt of completed applications is **November 1** for the spring semester and **April 1** for the fall semester. Please note that OTS has a rolling admissions policy and programs can fill before the stated deadline.

APPLICATION MATERIALS

The following materials must be received to complete your application:

- ◆ Application
- ◆ Statement of Purpose
- ◆ Official transcripts from all colleges and universities attended
- ◆ Signed Statement of Authorization and Consent
- ◆ Approval of Participation from your Study Abroad Office (non-Duke students)
- ◆ Two Letters of Recommendation

Application materials should be submitted to:

Organization for Tropical Studies
Duke University
Box 90633
Durham, NC 27708-0633
Fax (919) 684-5661

FINANCIAL AID

OTS offers a limited number of scholarships for the semester program in field tropical biology on a competitive basis. Priority for these scholarships will be given to students underrepresented in the biological sciences (African American, Hispanic American, and Native American). Scholarships are awarded on the basis of merit or need to help cover tuition and program fees. To apply for a scholarship, please contact the OTS Education Office <ots@duke.edu>.

NOTIFICATION

Applications are reviewed on a rolling basis. Students will be notified of admissions decisions by e-mail within approximately two weeks of submitting a completed application.



APPLICATION

PERSONAL INFORMATION

Name Last First Middle

Semester applying for [] Spring [] Fall

Student Identification Number

Date of Birth

Place of Birth

Gender

Citizenship If Dual

How would you describe yourself? (This information is used for statistical purposes only)

- [] African American/Black
[] Asian, Asian American, or Pacific Islander
[] Biracial/Multiracial:
[] Hispanic American/Latino(a)
[] Native American, American Indian, Native Alaskan, Native Hawaiian; Tribal Affiliation:
[] White/Caucasian
[] Other: [] Prefer not to answer

STUDENT ADDRESSES

Campus
Phone
Email
Permanent
Phone
Email

PARENT ADDRESSES

Father (or Guardian)
Home Phone Work
Email
Mother (or Guardian)
Home Phone Work
Email

Please identify the address we should use for:

- Program Materials [] Campus [] Permanent [] Father [] Mother [] Other
Billing [] Campus [] Permanent [] Father [] Mother [] Other

Which of the following influenced your decision to apply to OTS?

- [] Advisor/Professor [] Study Abroad Office [] Former program participant [] Study Abroad Fair
[] OTS visit to campus [] Poster [] Brochure [] Website
[] Book or publication [] Friend, Word-of-mouth [] Other:



ACADEMIC INFORMATION

University or College currently attending _____

First Major _____ Second Major _____

Current Standing [] Freshman [] Sophomore [] Junior [] Senior [] Post-Baccalaureate

Number of college level courses & credit hours you will have completed prior to the start of the program (include AP classes) _____

Cumulative Grade Point Average (GPA) on 4.0 scale _____

Month and year of expected graduation _____

List colleges, universities, or professional schools you have attended (please specify dates) _____

List the courses in which you are currently enrolled _____

How many semesters (or semester equivalents) have you studied Spanish? _____

Please list Spanish course names _____

How do you rate your Spanish proficiency? [] High [] Medium [] Low

If you have lived, studies, or traveled in a foreign country, state when and where _____

STATEMENT OF PURPOSE

Describe your academic background (including relevant courses taken, laboratory and field experiences, travel, or employment); your interest in ecology, scientific research, conservation, and Latin American culture; your academic and career objectives, and how the OTS/Duke Costa Rica semester abroad program will be beneficial to you. This statement should be one to two typed pages (double-spaced) and submitted with this application.



STATEMENT OF AUTHORIZATION AND CONSENT

Student: _____

Term: Spring _____ Fall _____

The following agreements are designed to protect all participants in Duke-administered* or Duke-approved programs: the students, the faculty, Duke University, its trustees, officers, agents and employees, and the agencies and individuals cooperating with Duke University. We require that all students and their parents sign these forms to indicate their agreement and permission.

Duke University does not discriminate against individuals who have had physical, emotional, or mental disorders. A medical examination is required for those programs which are physically arduous and/or when it is a requirement of the hosting institution. **However, if a student has a history of any medical or psychiatric problems during the previous two years, we strongly advise that the student consult with a medical professional in this country before departure to discuss the potential stress and difficulty of study abroad.**

1. We understand that participation in the program is entirely voluntary and that any program of travel involves some element of risk. We agree that in partial consideration of Duke University's sponsoring this activity and permitting the student to participate, we will not attempt to hold Duke University, its trustees, officers, agents and employees liable in damages for any injury or loss to person or property the student might sustain while so participating; and we hereby release Duke University, its trustees, officers, agents and employees from any liability whatsoever for any personal injury or property damage arising from participation in the program.
2. We understand that Duke University or the sponsoring institution reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the interest of the group. Should Duke University cancel the program, full refunds will be made unless the cancellation is due to political, natural, technological or other catastrophes beyond its control in which case Duke University will be able to refund only uncommitted and recoverable funds. Should another sponsoring institution cancel its program, its refund policy, if any, will apply.

In addition, we understand that the program's costs are based on airfares, lodging rates, exchange rates, and other costs expected to be in force, and are subject to increase.

We also understand that any deposit made for a Duke-administered* program is non-refundable. In the case of withdrawal, any remaining paid fees will be refunded as follows, in accordance with the Duke University refund policy outlined in the Undergraduate Bulletin: Before start of program - full refund minus the deposit; during the first or second week - 80 percent; during the third, fourth, or fifth week - 60 percent; during the sixth week - 20 percent; after the sixth week - none. Other (non-Duke) sponsors/institutions have their own refund policies which we understand will be followed.

A Duke student who receives financial aid for a Duke-administered program should understand that by signing this agreement and the Agreement to Participate (in some Duke programs) upon admission to the program, he or she is committed to pay the program fees and that charges will be put on the student's Bursar account.

3. All students who need to terminate their period of study abroad for any reason must notify and receive approval from the Associate Dean for Study Abroad at Duke, and for Duke students, their academic dean, before leaving the program. Duke students who leave their programs without requesting such approval will be withdrawn from Duke and will need to apply for readmission in accordance with official Duke University guidelines. In either case, grades reported by the program will appear on the student's Duke record in accordance with Duke grading and grade requirements as stated in the undergraduate bulletin.
4. We understand that continuation requirements, as described in the Undergraduate Bulletin, also apply to academic performance abroad. We understand that juniors who plan on changing their status from full-time to part-time must register their intention to do so by February 10 preceding the academic year in which the part-time semester will be taken. We also understand that graduation dates may need adjustment if study abroad transcripts are not received and credit transfers are not completed by the specified deadlines. We understand that students receiving conditional waivers must meet all specified conditions in order to be eligible to study abroad.
5. We understand that the student, as a participant in the program, is a representative of Duke University and the United States and by signing this agreement pledges to deport himself or herself in a manner that reflects favorably on both and upholds the Duke Community Standard. We understand that in addition to regular classes the program may include planned lectures and field trips which are germane to the educational experience, and that the student agrees to participate willingly in such activities in addition to attending the regular classes. Duke University and/or the sponsoring institution may discipline a student or dismiss him or her from the program for behavior detrimental to the program. A dismissed student will receive no refund.



6. We understand that Duke University requires that appropriate sickness and accident insurance cover all students for the duration of the program and that they be financially responsible for all medical expenses. In addition, we understand that payment for medical expenses customarily will have to be advanced and reimbursement sought later from the insurance carrier.

_____ (name of student) is insured under policy number _____ with _____ (company) for sickness and accident insurance. Date of expiration _____ (N/A if not applicable); in addition, the student hereby assumes responsibility for all medical expenses incurred by and on behalf of the student while participating in the program.

Duke University requires that all students obtain an International Student Identity Card (ISIC). These cards are available in Duke's Student Service Center, 101 Allen Building, and are also available through STA Travel (1-800-781-4040 or www.statravel.com). The ISIC must be purchased in the United States and must be valid throughout the dates of the program. If you obtain your card anywhere other than the Student Service Center you must provide the card number and expiration date to the Office of Study Abroad before departure either by sending the information via email or using the attached ISIC form.

While Duke discourages students from purchasing or renting vehicles abroad, we recommend that those students planning to operate a motor vehicle obtain liability and collision insurance that will cover him/her in the applicable foreign countries. Duke University also recommends that students insure their property from loss or theft.

7. We understand that foreign programs may not regularly employ health care professionals overseas and make no representation with respect to accessibility of services and facilities abroad. Appropriate treatments, especially psychological, may not be as readily available abroad as in the United States. The student must, therefore, make provision before departure for continuation of medical treatments such as prescriptions or special diets. The director of the program should be fully informed of any special needs before leaving on the program. Duke University can make no representation with respect to accessibility to services and facilities abroad.

8. In the event (I) (we) cannot be reached to give (my) (our) consent, (I) (we) the parent(s) of the above named student, hereby authorize Duke University's representative to consent for (me)(us) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable by a licensed physician during the period the student is enrolled in the Duke program.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Duke University to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

9. We understand that the Study Abroad Fee of \$2,250 (2006-2007) per semester will be charged by Duke University to students participating in programs administered by institutions other than Duke University for the purpose of maintaining the student's enrollment at Duke. This mandatory fee is not waived under any circumstances.

Parent/Guardian
I certify that I am the parent or legal guardian of the student named above; that I have read the entire preceding agreement and I join in all the articles of the agreement without reservation, granting my consent to all actions provided for herein.
Signature of parent or guardian _____ Date _____
Printed name of parent or guardian _____
Address _____
Number & Street City State Zip Code
Telephone number _____ E-mail _____
Area Code Phone number

Signature of student _____ Date _____

The signatures of both a parent or legal guardian and the student are required. Please sign this form and return it to Office of Study Abroad, Duke University, 2016 Campus Drive, Box 90057, Durham, NC 27708-0057 (Tel. 919.684.2174, Fax 919.684.3083) by Friday, November 15, 2006.

* Duke-administered programs are: Duke in the Andes, Duke in Berlin, Beaufort-2-Bermuda, Duke Study in China, Duke/OTS in Costa Rica, Duke in Florence, Duke in France/EDUCO, Duke in Glasgow, Intercollegiate Center for Classical Studies (ICCS), Duke in Madrid, Duke/OTS in South Africa, Duke in St. Petersburg, and Duke in Venice.



APPROVAL OF PARTICIPATION

To be completed by non-Duke students only.

Name of Student : _____ Term: [] Spring 20____ [] Fall 20_____

TO THE STUDY ABROAD ADVISOR OR DEAN

This student has applied to the OTS Undergraduate Study Abroad Program above offered through Duke University. This candidate's application cannot be reviewed until we receive this form. Please return the completed form to the student or send the completed form to the address below.

CREDIT TRANSFER

As part of her/his application, we request your assurance that work accomplished by the student on the program will be considered for transfer credit and/or toward fulfillment of graduation requirements upon the student's return to your institution. This is not a commitment to automatically transfer such credit and/or advance recognition of participation.

Your signature at the bottom of this form indicates that the above named student's application has the approval of your institution. Following her/his return, and upon receipt of the Duke University transcript, the work will be evaluated and considered for transfer credit and/or toward the fulfillment of graduation requirements at this institution.

To the best of your knowledge, has this student ever been on academic or disciplinary probation? _____

Do you recommend this student? _____

Please feel free to make comments pertaining to this student's application on the reverse side of this form or on a separate sheet.

TRANSCRIPTS

Students accepted into the program pay a one-time transcript fee of \$40.00 and will be provided a university transcript request form. Students should use this form to indicate the appropriate office at their home institution where final transcripts should be mailed. Students must return the transcript request form with their acceptance and registration information to OTS Undergraduate Study Abroad Program, Duke University, Box 90633, Durham, NC 27708-0633. Upon completion of the program, a transcript will be issued. Students may request additional transcripts by writing the Registrar's Office, Duke University, Box 90054, Broad street, Durham, NC 27708-0054.

BILLING INFORMATION

Should tuition and other fees be billed to your institution directly? [] Yes (if yes, select payments below) [] No

Please check the items that should be billed to the university:

[] Non-refundable deposit [] Remaining tuition [] Program fees [] One-time only \$15 transcript fee

Please indicate the institutional billing address and contact name for invoicing:

Name and Title _____

Institution _____

Address _____

Phone _____

Signature _____

Date _____



RECOMMENDATION FORM

TO THE APPLICANT

Fill in your name and school on each form. This recommendation form should come from a faculty from whom you have taken a class within the last two years. Preferably, the faculty member should be from your major department

Full Name _____

College or university now attending: _____

Program applying to: _____

TO THE FACULTY MEMBER

This recommendation will be used for admissions purpose; it will not be made part of the student's educational record and no reference will be made to it for educational purposes after a decision is made on the applicant's admissibility. Therefore, this recommendation is not subject to the provisions of the Family Education Rights and Privacy Act of 1974. The student will not have legal access to this recommendation.

Because personal comments are helpful in the selection process, the Admissions Committee would appreciate a frank and full statement about this student. Please send this form to the address below. This student's application cannot be reviewed until we receive this form. Please mail or fax your completed reference to the address below. Thank you for your assistance.

On a sheet of your institution's letterhead please write an assessment of the applicant that answers the following questions:

- 1. How long have you known the applicant? In what capacity?
2. Discuss the applicant's intellectual and academic strengths and weaknesses.
3. Because the candidate's ability to tolerate and adapt to small and very intense group living situations is extremely important for this program, please give us your assessment of the applicant's personal qualities and social skills, including positives and negatives.
4. Does the candidate have any personal problems that may interfere with his or her academic performance or relationship with other students? Has the candidate been subject to any disciplinary censure? Please explain.
5. Does the candidate have strong personal and academic motivation for studying in Costa Rica? Please explain.
6. Additional comments regarding this applicant.

Table with 6 columns: Please rate the applicant regarding, do not recommend, without enthusiasm, fairly strong, strongly, enthusiastically. Rows include Academic promise, Character and personal promise, Overall recommendation.

Name _____

Faculty appointment _____

Phone number _____

Email _____

Address: _____

Signature _____

Date _____



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Date _____