



APPLICATION INSTRUCTIONS

OTS looks forward to receiving your summer abroad application. Up to 22 participants will be admitted to each summer program. Most participants in the summer 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

Tropical Biology: To participate in the program, students must have completed two semesters of college level biology.

Ethnobiology: To participate in the program, students must have completed one semester 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 to the program may fulfill this requirement by taking an intensive Spanish immersion course before the program starts.

APPLICATION DEADLINES

The deadline for receipt of completed applications is **March 1** for summer courses. 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

NOTIFICATION

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



APPLICATION

PERSONAL INFORMATION

Name Last First Middle

Program applying for: [] Summer Tropical Biology 20 [] Summer Ethnobiology 20

Social Security Number

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 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 – SUMMER PROGRAMS

Student: _____ Social Security Number: _____

Program: _____

The following agreements are designed to protect all participants in Duke University's and Duke-approved summer study abroad 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 the deposit for a Duke University program is non-refundable. We also understand that if the student leaves the program for any reason after the balance due payment deadline set by the Office of Study Abroad, there will be no refund of tuition; program fees will be refunded to the extent that prior commitments have not been made. A Duke student who receives financial aid should understand that by signing this agreement and the Agreement to Participate (some Duke programs), he or she is committed to pay the program fees and that charges will be put on the student's Bursar account.

- 3. Students who need to terminate summer program for any reason must notify and receive approval from the Assistant Dean for Study Abroad at Duke. No pass/fail options are permitted. No registration changes may be made after the first three class days. 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 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. 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.
5. 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 carrier.

(Name of Student) _____

is insured under policy number _____ with (name of insurance company) _____.

The policy expires on _____ (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.



Student: _____ Social Security Number: _____

Program: _____

Duke University requires that all students obtain an International Student Identification Card (ISIC) in the United States, which must be valid throughout the dates of the program. These cards are available through Council Travel (1-800-2COUNCIL or www.counciltravel.com). A photocopy of the ISIC must be submitted to Duke University's Office of Study Abroad before departure. These cards are also available in the Duke University Bursar's Office/Registrar's Office.

While Duke University 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.

- 6. 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.
7. 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.

SIGNATURES

The signatures of both the student and their parent or legal guardian are required. Please return this form (two pages) with your application.

Your application is not complete without this signed document.

Student:

I certify that I have read the entire preceding agreement, and I join in the articles of the agreement without reservation, granting my consent to all actions herein.

Signature _____ Date _____

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 the articles of the agreement without reservation, granting my consent to all actions herein.

Signature _____ Date _____

Printed Name _____ Phone _____ Email _____

Address _____ Street City Sate Zip code



APPROVAL OF PARTICIPATION

Name of Student _____ Program _____

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: OTS Undergraduate Study Abroad Program, Duke University, Box 90633, Durham, NC 27708-0633, Fax (919) 684-5661.

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 90055, Durham, NC 27708-0055.

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 \$40 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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Name _____

Faculty appointment _____

Phone number _____

Email _____

Address: _____

Signature _____

Date _____



APPLICATION FOR OTS FINANCIAL AID

ELIGIBILITY

Sponsored by several funding sources, OTS offers fellowships in field biology on a competitive basis to students underrepresented in the biological sciences. Scholarships are available to African American, Hispanic American, and Native American, and Costa Rican participants. Half and full fellowships are awarded on the basis of merit and need, and may be applied to program fees and tuition. Scholarship money may also be available for supplementary Spanish training prior to the program start date.

The number of scholarships awarded depends on available funds, and not all qualified applicants may receive scholarship funding. For this reason, OTS strongly encourages interested students to seek additional funds through their home university to support their study abroad experience.

APPLICANT INFORMATION

Name _____
Last First Middle

Social Security Number _____

Gender _____

Term: _____

Race/Ethnicity: African American/Black Hispanic American/Latino(a) Native American Asian American
 Biracial/Multiracial White/Caucasian Other _____ Prefer not to answer

PERSONAL STATEMENT

Attach a one-page statement explaining why you believe you qualify to receive these funds.

FINANCIAL AID INFORMATION

To apply for a fellowship, please submit a copy of your Student Aid Report (SAR) from your Financial Aid Office.

Please submit your fellowship application to:

Undergraduate Program Officer
Organization for Tropical Studies
Duke University
Box 90633
Durham, NC 27708-0633