



## Application Instructions

1. The NAPIREApplication is due **February 15, 2007**.
2. Electronic Application. Please fill in the word document below by clicking on the blank area of each field (note: you should click on the area directly next to the field description). Once the form is completed save it following the instructions below and send it as an attachment to: [napire@ots.ac.cr](mailto:napire@ots.ac.cr)

Please send the student application form to OTS via e-mail at [napire@ots.ac.cr](mailto:napire@ots.ac.cr): Your application should be saved as:

NAPIREappl(YOUR LASTNAME, YOUR FIRST INITIALS).doc

For example, if your name is Jane Elizabeth Smith, you should label your applications as:

NAPIREappl(SMITH,JE).doc

Although we prefer to receive applications electronically, if you do not have access to WORD or email you may print the pdf version of the application and send it by regular mail to: Organization for Tropical Studies, Box 90633, Durham NC 27708-0633.

3. If you have any questions about your application or the application process, please contact Patty Kustron at [pkustron@duke.edu](mailto:pkustron@duke.edu) or Rodney Vargas at [rvargas@duke.edu](mailto:rvargas@duke.edu)



NATIVE AMERICAN AND PACIFIC ISLANDER RESEARCH EXPERIENCES (NAPIRE) PROGRAM Summer 20

I. Personal Information

Name: \_\_\_\_\_
Last First Middle

Student Identification Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_ If dual, \_\_\_\_\_

Campus Address: \_\_\_\_\_
Zip Code

Campus Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_
Area Code

Home Address: \_\_\_\_\_
Zip Code

Home Phone: ( ) \_\_\_\_\_ Home e-mail: \_\_\_\_\_
Area Code

Father's (or guardian's) Name: \_\_\_\_\_

Father's (or guardian's) Address: \_\_\_\_\_
Zip Code

Home Phone: ( ) \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_
Area Code Area Code

Mother's (or guardian's) Name: \_\_\_\_\_

Mother's (or guardian's) Address: \_\_\_\_\_
Zip Code

Home Phone: ( ) \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_
Area Code Area Code

Upon selection, we will send you acceptance and program information. Please identify the address that we should use:
Campus Home Other

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

- 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, please specify



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

Demographic information form with checkboxes for African American/Black, Asian, Biracial/Multiracial, Hispanic American/Latino(a), Native American, American Indian, White/Caucasian, and Other.

II. Academic Information

University or college attending: \_\_\_\_\_

First Major: \_\_\_\_\_ Second Major: \_\_\_\_\_

You are currently a:  Sophomore  Junior  Senior

Month and year of expected graduation: \_\_\_\_\_

How many college level courses and credit hours will you have completed prior to the beginning of the program (include AP credits)?

Cumulative Grade Point Average (4.0 scale): \_\_\_\_\_

List other Universities, Colleges or Professional Schools you have attended (Please specify dates):

List the courses you have taken that are relevant to REU experience. Please provide the final grade for each course:

List Spanish Courses Taken:

Please list your previous field experience:

If you have lived, studied, or traveled in a foreign country, state where and when:

Please list the NAPIRE Mentors and/or project with which you would like to work:

First Preference: \_\_\_\_\_

Second Preference: \_\_\_\_\_

Third Preference: \_\_\_\_\_

Please list the on campus Mentor who will support your participation in the NAPIRE Program:

Name and Title: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

OTS strongly recommends that you contact the mentor(s) with whom you would like to work prior to submitting your application.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

(Type your name here)



### III. Statement of Purpose

Describe your science background (including relevant courses taken, laboratory or field experiences, travel , or employment); your interest in ecology and scientific research; your academic and career objectives; and how the NAPIRE internship will be beneficial to you. Write your statement in the space below (maximum one page).

*Please type answer here*



**Instructions for the on-campus mentor:**

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You may also send us an email without the form providing the information requested in the recommendation form.

Electronic copy of the letters of recommendation should be saved as:

NAPIREmen(STUDENTS LASTNAME, STUDENTS FIRST INITIALS).doc

For example, if you are writing a recommendation for a student named Andrea Johnson, your letters of recommendation should be labeled as:

NAPIREmen(JOHNSON,A).doc

Although we prefer to receive a copy of the recommendation electronically, if you do not have access to WORD or email you may print the pdf version of the recommendation and send it by regular mail to: Organization for Tropical Studies, Box 90633, Durham NC 27708-0633.

3. If you have any question about this application process, please contact Patty Kustron at [pkustron@duke.edu](mailto:pkustron@duke.edu) or Rodney Vargas at [rvargas@duke.edu](mailto:rvargas@duke.edu)



NATIVE AMERICAN AND PACIFIC ISLANDER RESEARCH EXPERIENCE (NAPIRE) PROGRAM Summer 20 \_\_\_\_\_

**ON-CAMPUS MENTOR RECOMMENDATION FORM**

*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 provision of the Family Education Rights and Privacy Act of 1974. The applicant will not have legal access to this recommendation.*

**TO THE APPLICANT:**

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

Applicant's name: \_\_\_\_\_

(Please type or print) Last First Middle

College or university now attending: \_\_\_\_\_

**TO THE ON CAMPUS MENTOR:**

By completing this form, you are providing us with important feedback to help evaluate the student's application. In addition, you are confirming your commitment to serve as the students' on campus mentor. Your responsibilities toward this student, if accepted, will include helping with preparation (academic, logistical such as passport application, etc.), providing support upon return to the home campus, and facilitating successful incorporation of the research experience into the student's academic career. Please send this form to the address below. This student's application cannot be reviewed until we receive this form. Thank you for your assistance.

Mentor's name: \_\_\_\_\_ Appointment: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

*I recommend this candidate for admission to the OTS Research Experiences for Undergraduates in Tropical Biology in Costa Rica.*

	Not recommended	Without enthusiasm	Fairly strong	Strongly	Enthusiastically
<b>For academic promise:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For character and personal promise:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall recommendation:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NATIVE AMERICAN AND PACIFIC ISLANDER RESEARCH EXPERIENCE (NAPIRE) PROGRAM Summer 20 \_\_\_\_\_

### ON-CAMPUS MENTOR RECOMMENDATION FORM

*On the attached sheet please write an assessment of the applicant and address the following questions:*

1. How long have you known the applicant? In what capacity?
2. Discuss the applicant's academic strengths and weaknesses, with particular regard to his/her ability and potential to conduct research.
3. Because the candidate's ability to live and work in new and potentially challenging situations is important for this program, please give 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 REU mentors and other students? Has the candidate been subject to any disciplinary censure? Please explain.
5. Does the candidate have strong personal and academic motivation for ecological field study in the tropics? Please explain.
6. Additional comments regarding this applicant:

By completing this form, I confirm my support of this candidate and my commitment to serve as his or her on-campus mentor for the NAPIRE Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Type your name here.)



**Instructions for faculty writing recommendations:**

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You may also send us an email without the form providing the information requested in the recommendation form.

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RECOMMENDATION FORM

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 provision of the Family Education Rights and Privacy Act of 1974. The applicant will not have legal access to this recommendation.

TO THE APPLICANT:

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

Applicant's name: \_\_\_\_\_
(Please type or print) Last First Middle

College or university now attending: \_\_\_\_\_

TO THE FACULTY MEMBER:

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

Faculty member's name: \_\_\_\_\_ Faculty appointment: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

I recommend this candidate for admission to the OTS Research Experiences for Undergraduates in Tropical Biology in Costa Rica.

Table with 6 columns: Not recommended, Without enthusiasm, Fairly strong, Strongly, Enthusiastically. Rows: For academic promise, For character and personal promise, Overall recommendation.



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5. Does the candidate have strong personal and academic motivation for ecological field study in the tropics? Please explain.
6. Additional comments regarding this applicant:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Type your name here.)