

Application for "China Immersion Program" Summer 2006

This form, two letters of recommendation, your academic transcript*, and a short essay* (1-2 pages) stating the reason for your interest in this program and how you expect to use this program in your academic career must be turned in to Judy Mahoney, Stern 321, by December 5, 2005.*

NAME _____ COLLEGE _____ CLASS OF (Year) _____

STUDENT ID# (not Social Security) _____ DATE OF BIRTH _____

BIRTHPLACE (CITY/STATE/COUNTRY) _____

COUNTRY OF CITIZENSHIP _____ MAJOR 1 _____

MAJOR 2 _____

MINOR _____

CAMPUS P.O. BOX _____

LOCAL/CAMPUS PHONE _____ HOME ADDRESS _____

CELL PHONE _____

PARENTS' PHONE _____

YOUR E-MAIL ADDRESS _____ PARENT'S E-MAIL ADDRESS _____

DO YOU HAVE A CURRENT PASSPORT? YES ____ NO ____ EXP. DATE _____

COUNTRY ISSUING PASSPORT? _____ PASSPORT #: _____

OTHER ABROAD PROGRAM(S) IN WHICH YOU HAVE ALREADY PARTICIPATED: _____

Faculty members from whom you are requesting recommendations:

1. _____

2. _____

RELEASE FORM: I authorize release of my academic transcript and medical, disciplinary, and other records maintained by Hobart and William Smith Colleges to those program administrators responsible for selecting program participants and safeguarding their health and well-being. This release is valid up until the date of departure for the program. I also understand that upon admission into a program, I will be required to submit a medical clearance from my physician attesting to my physical and emotional fitness for the program.

YOUR SIGNATURE _____ DATE _____

ADVISOR APPROVAL

NOTE TO STUDENT: You must obtain your advisor's signature before handing in this form, so please get this well in advance of the deadline. If your advisor is not on campus this semester, you should speak to the Chair of the department.

NAME OF ACADEMIC ADVISOR _____

NOTE TO ADVISOR: Your signature represents your approval of this student's participation in this program, and your assessment that participation will not compromise progress toward meeting major, minor, or graduation requirements.

SIGNATURE OF ACADEMIC ADVISOR _____

- ❖ **Essay** – On a separate sheet of paper (typed), please write a short essay (1-2 pages, typed) stating the reason for your interest in this program and how you expect to use this program in your academic career.
- ❖ **Recommendations** – Please ask two professors to write a letter of recommendation for your participation in this program. Ask professor to return letters directly to Judy Mahoney, Stern 321, by December 5, 2005.
- ❖ **Transcript** – Please include a copy of your academic transcript with your application.