

University/College Name	Course Name	Course Number	Date Taken	Credits Earned	Grade

Check any/all that apply:

How did you learn about UAF? Internet Friend UAF Faculty
 Scholarly Publications Other: _____

REFERENCES AND APPLICANT EVALUATION

Please list names, phone numbers, e-mails, addresses and titles of at least three people capable of describing your character and ability to undertake fieldwork and field camp. These should be people familiar with your academic performance and capability/potential for field work

Have one of them complete and sign the attached Applicant Evaluation form and fax or mail it to the UAF Geology & Geophysics Department.

1. _____

2. _____

3. _____

PHYSICAL CONDITIONING: Geos 351 requires long days of strenuous hiking (~10 miles) with significant elevation gain (~1,500ft./day) in order to see the geology and make the observations needed to understand the mapping areas. Your field work will be more enjoyable and productive if you start incorporating frequent physical exercise into your routine activities in the months before the class begins.

DISABILITIES SERVICES: The UAF Office of Disability Services implements the Americans with Disabilities Act (ADA), and insures that our students have equal access to the campus and course materials. UAF is committed to equal opportunity for all students. If you have a documented disability, or if you suspect you have a disability, you must inform us in your application. We can only make appropriate accommodations for your disability if you inform us well in advance. If you have a specific undocumented physical, psychiatric, or learning disability, you will benefit greatly by providing documentation of your disability to Disability Services in the Center for Health and Counseling, 907-474-7043, TTY 907-474-7045.

List any documented disabilities which will impair your ability to participate in this class: _____

List any potential disabilities which will impair your ability to participate in this class: _____

I am planning to have these potential disabilities evaluated and documented.

ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING:

I understand that withholding information requested on this application may make me ineligible for admission to the University of Alaska system or subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of the University of Alaska system, its campuses and sites. I further understand that from the time I file my application with the University of Alaska system, it is my responsibility to know all rules, requirements of and exemptions from my intended degree program.

Signature: _____ Date: _____

The University of Alaska provides equal education and employment opportunities for all, regardless of race, color, religion, national origin, sex, age, disability, status as a Vietnam era or disabled veteran, marital status, changes in marital status, pregnancy, or parenthood pursuant to applicable state and federal laws.

Please fax by **January 26, 2007** directly to:

Fax: 907-474-5163

Attn: Pam Harris, Secretary

Department of Geology and Geophysics

University of Alaska Fairbanks

P.O. Box 755780

Fairbanks, AK 99775-5780

Phone: 907-474-7565

Checklist:

- Application complete (3 pages).
- Transcript(s) attached.
- Evaluation form (under separate cover).

Any questions please contact Bill Witte fnwkw@uaf.edu, or Pam Harris fnpsh@uaf.edu



UNIVERSITY OF ALASKA FAIRBANKS

Field Camp Application – Applicant Evaluation

Department of Geology and Geophysics

P.O. Box 755780

Fairbanks, Alaska 99775-5780

Phone (907) 474-7565 Fax: (907) 474-5163

Name of Applicant _____ Applying for GEOS 351 Field Camp

To the Applicant: The Family Educational and Primary Act of 1974 gives students the right to inspect letters of recommendation written in support of applicants for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award. If you wish to waive your right to examine this letter of recommendation, please sign the waiver below.

I waive my legal right to inspect this letter of recommendation.

Date _____ Signature _____

Evaluator:

I know the applicant: very well; moderately well; only slightly.

I have known the applicant for approximately ___ years.

During this time the applicant was an:

undergraduate student, graduate student.

assistant of mine, advisee of mine, departmental assistant.

other (please specify) _____

To the Evaluator: Please Fax to 907-474-5163, deliver to Room 308, Natural Science Facility or mail to the Department of Geology and Geophysics, University of Alaska Fairbanks, PO Box 755780, Fairbanks, AK 99775-5780 no later than **January 26, 2007**.

May we have your judgment of this candidate's qualifications and promise, intellectual ability, motivation and capacity for field study, the quality of previous work, and of his or her character and personality? We would be helped by your checking, for comparative assessment, the boxes on the next page.

I would compare the applicant with other students of the same level as follows:

	Exceptional	Above Average	Average	Below Average	No Information
Intellectual Ability					
Field Ability					
Speaking Ability					
Writing Ability					
Academic Preparation					
Motivation					
Dependability					
Maturity					

In summary, I would give a: very strong, strong, average, below average recommendation.

I recommend this applicant with reservation based on the following:

Evaluator's
Signature _____ Title _____ Date _____

Name Printed or Typed _____

Address _____

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