

## UNIVERSITY OF ALASKA FAIRBANKS

Field Camp Part 1 Application - Non UAF Student
Department of Geosciences

Box 755780 Fairbanks, Alaska 99775-5780

## **DUE MARCH 4, 2024**

	las	st or family name		first		mid	dle		
ate of Birth:									
urrent Mailing Addre	ess:								
urrent Until (date):			Curre	ent Phone	»: (	)			
– ermanent Mailing Ad									
ermanent Phone: ( )			Emai	Email Address:					
Emergency Contact Person:				Relationship:					
			Phor						
University/College Nar	ne	City and State	Attended	Earned	GPA	Earned/Expected			
rerequisites: C or be lust have Junior Star	nding and		instructor.						
		ease list below a	all Geosciend	ce classes	taken <b>ar</b>	nd <u>include (</u>	<u>classes</u>		
re currently enrolled University/College			all Geosciend	Course Number	taken <b>ar</b> Date Taken	Credits Earned	Grade		
re currently enrolled University/College	<u>in:</u>		all Geosciend	Course	Date	Credits			
EOLOGY COURSE V re currently enrolled University/College Name	<u>in:</u>		all Geosciend	Course	Date	Credits			

University/College	Course Name	Course	Date	Credits	
Name		Number	Taken	Earned	Grade
Check any/all that apply:					
How did you learn	Internet  Friend	UAF Faculty	1		
about UAF field camp?					
about OAI field camp:	Ocholarly i ablications	other.			
REFERENCES AND AP	PLICANT EVALUATION				
Please list names, phor	ne numbers, e-mails, addres	ses and titles of	at least th	nree peop	e capable of
describing your characte	r and ability to undertake fieldv	vork and field camp			
	ormance and capability/potent			_	
	plete and sign the attached		ation forn	n and sen	d it by email
or regular mail to the fi	eld camp Director Dr. Joche	en wezger.			
1					
2					
Z					
					<u></u>
3					
DUVOIGAL GONDITION	WN 0 405 : I			٥ '' '	
	IING: Geos 495 requires long (day) in order to see the geolo				
	areas. Your field work will be				
	nysical exercise into your routi				
	<b>ES:</b> The UAF Office of Disabiling insures that our students har				
	itted to equal opportunity for a				
	a disability, you must inform us				
	tions for your disability if you in				
	psychiatric, or learning disabi				
	isability to Disability Services i	in the Center for H	ealth and	Counselin	g,
907-474-7043, TTY 907-	474-7045.				
	abilities which will impair your		te in this		
	ties which will impair your abil		this		
class:					
☐ I am planning to have	e these potential disabilities ev	aluated and docur	nented.		

## 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.

MEDICAL INSURANCE IS NOT REQUIRED, BUT HIGHLY RECOMMENDED. THE COST OF NON-ACCIDENT-RELATED MEDICAL AND EVACUATION FEES WILL BE BORNE SOLELY BY THE APPLICANT.

Signature:	Date:
race, color, religion, national origin, sex, age, disa	n and employment opportunities for all, regardless of ability, status as a Vietnam era or disabled veteran, cy, or parenthood pursuant to applicable state and
Please send through mail or email	Checklist:
by <b>March 4, 2024</b> to:	Application complete (3 pages).
Dr. Jochen Mezger	☐ Transcript(s) attached.
Department of Geosciences	☐ Evaluation form (under separate cover).
University of Alaska Fairbanks	

Phone: 907-474-7809 jemezger@alaska.edu

Fairbanks, AK 99775-5780

P.O. Box 755780



## UNIVERSITY OF ALASKA FAIRBANKS

Field Camp Application – Applicant Evaluation

Department of Geosciences
P.O. Box 755780
FAIRBANKS
Phone (907) 474-7809

Name of Applicant Applying for GEOS 495 Field Geology Pt.1
<b>To the Applicant:</b> 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
<b>Evaluator:</b> 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 mail or email to Dr. Jochen Mezger, Department of Geosciences University of Alaska Fairbanks, PO Box 755780, Fairbanks, AK 99775-5780, <a href="mailto:jemezger@alaska.edu">jemezger@alaska.edu</a> no later than **March 8, 2024.** 

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 comp	pare the applicant with oth	ner stu	dents	of the	same	level	as follows:
		Exceptional	Above Average	Average	Below Average	No Information	
	Intellectual Ability	ш	٩	٩	ш		7
	Field Ability						
	Speaking Ability						
	Writing Ability						
	Academic Preparation						_
	 Motivation						-
a separate le	etter of recommendation.						
Name Printe	ed or Typed						_Date
Address							