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|  | UNIVERSITY OF ALASKA FAIRBANKSInternational Volcanological Field School Application |

This form will be used by field school leaders to select students. Physical endurance and enthusiasm for cultural exchange will be as important to success as scientific aptitude. Applications will be accepted and reviewed on the continuous basis until all vacancies are filled. *We encourage you to apply as soon as possible to reserve your space in the group.*

**Choose level:**  **Undergraduate**  **Graduate level**

**Full Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*last or family name first middle*

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Until (date):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Person**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POST SECONDARY EDUCATION:** *(Please list below all universities and colleges attended)*

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| University/College Name | City and State | Dates Attended | Credits Earned | GPA | Degree & Date Earned/Expected |
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**Prerequisites:** **For GEOS 424, list undergraduate courses in geoscience, chemistry and physics. For GEOS 624, list upper division or graduate courses in or closely related to Volcanology.**

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| --- | --- | --- | --- | --- | --- |
| University/College Name | Course Name | Course Number | Date Taken | Credits Earned | Grade |
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# **EXPERIENCE IN WILDERNESS TRAVEL:**

*Please describe briefly your experience with backpacking, mountaineering and/or geological fieldwork.*

# **PHYSICAL CONDITION:**

*Are you in good physical condition? Able to hike all day carrying as much as 25kg in a backpack? Please list any physical limitations, allergies, or diet restrictions that could affect your activities.*

**EMOTIONAL HEALTH AND RESILIENCE:**

Are you comfortable staying in remote environments with new acquaintances for an extended time period? Do you have a history of mental health issues such as anxiety, depression, bipolar disorder, anorexia, bulimia, etc.? If, so are you currently being treated for this issue? Please briefly describe the treatment and anything the instructors can do to support your treatment regime.

# **REFERENCES AND APPLICANT EVALUATION:**

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

**Have one of them** **complete and sign the attached Applicant Evaluation form and return it to Pavel Izbekov (peizbekov@alaska.edu).**

##### **STATEMENT OF INTEREST:** *Describe your interest in this course and how you expect it to help prepare you for further studies or career (use additional sheet if necessary).*

**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, gender, 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 complete this form, sign, and e-mail it as a PDF attachment to Pavel Izbekov (**[**peizbekov@alaska.edu**](mailto:peizbekov@alaska.edu)**). Alternatively, you can send your signed application by mail to**

Pavel Izbekov

Geophysical Institute

2156 Koyukuk Drive

Fairbanks, AK 99775-7320

*Any questions? Please contact Pavel Izbekov (peizbekov@alaska.edu) or find us on* [*Facebook*](https://www.facebook.com/volcanoschool)*.*

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**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ applying for International Volcanology Field School

**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, ❑ student of mine

other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Evaluator:** 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? Beyond the normal concern about scientific aptitude, we are especially interested in your comments on how the candidate would interact within a culturally diverse group. Use a separate sheet if necessary. For comparative assessment, we ask that you check the boxes on the next page. *Thank you in advance for your time and assistance in completing this process!*

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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**Please complete this form, sign, and e-mail it as a PDF attachment to Pavel Izbekov (**[**peizbekov@alaska.edu**](mailto:peizbekov@alaska.edu)**). Alternatively, the form can be mailed to**

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*Please contact Pavel Izbekov (peizbekov@alaska.edu) if you have any questions. Thank you very much!*