

Information Received

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Rfrnces ___	Med Release ___
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For Office Use Only	

Today's Date _____

UNIVERSITY OF LA VERNE

Student Application for Course Travel

Name of Course: _____

Contact Information

Resident _____ Commuter _____

Name _____ Social Security Number _____

Current Address (ULV Box #) _____

Current Phone Number () _____ E-mail Address _____

Permanent Address _____ Home Phone # () _____

Name of Emergency Contact Person _____ Phone # () _____

Relationship of Emergency Contact Person to Applicant _____

Academic Information

Program: Undergraduate _____ CAPA _____ Graduate _____

Year in School: Freshman _____ Sophomore _____ Junior _____ Senior _____

Major _____ Length of Time Attending ULV _____

Name of Academic Advisor _____ Cumulative GPA _____

Foreign Language: yes _____ no _____ Language _____

Skill of Language: beginner _____ intermediate _____ fluent _____

(OVER)

Have you ever traveled abroad? Yes _____ No _____

Have you traveled abroad in previous ULV courses? Yes _____ No _____

Name of Course _____ Instructor _____ Year _____

References

Name of Two References:	Relationship to Applicant:	Phone Numbers:
_____	_____	() _____
_____	_____	() _____

Personal Statement

Write a statement explaining your desire to participant in this course. In this statement, discuss why you should be selected as a group member for this experience.
(Your statement must be typed and no longer than 1-2 pages in length).

Additional Information

Please attach your statement to this form and return to:

Deadline for Application: _____

ACADEMIC REFERENCE FORM FOR TRAVEL COURSE

Name of Student _____ Date _____

The following information must be completed by a faculty member.

(1) How long have you known this student? _____

(2) What course (s) has this student taken from you? _____

(3) Name three characteristics that describe this student: _____

(4) How would you describe this student's academic performance in your class?

(5) Does this student have the academic maturity to participate in a travel course? In what ways (either positive or negative) would this student contribute to the group's experience?

(6) Using the following scale, please circle your overall recommendation for this student.

Strongly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
1	2	3	4

(7) Please feel free to share additional comments about this student in the space provided:

Signature _____ Name (Print) _____

Academic Department/Division _____ Phone (Ext.) _____

Instructions upon Completion:

Please place this form in a sealed envelope and write your signature across the seal. The applicant is responsible for collecting and submitting each reference with his/her application.

PERSONAL REFERENCE FORM FOR TRAVEL COURSE

Name of Student _____ Date _____

The following information must be completed by a resident director, employer, minister, coach, etc.

(1) How long have you known this student? _____

(2) In what capacity? _____

(3) Name three characteristics that describe this student: _____

(4) How would you describe this student's personal maturity and ability to interact with others?

(5) In what ways (either positive or negative) would this student contribute to the group's travel experience?

(6) Using the following scale, please circle your overall recommendation for this student.

Strongly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
1	2	3	4

(7) Please feel free to share additional comments about this student in the space provided:

Signature _____ Name (Print) _____

Title/ Position _____ Phone (Ext.) _____

Instructions upon Completion:

Please place this form in a sealed envelope and write your signature across the seal. The applicant is responsible for collecting and submitting each reference with his/her application.