

ST. LAWRENCE UNIVERSITY

Canton, NY 13617-1475

Application for Summer 2009 Courses Abroad

Due February 2, 2009

KENYA (May 30 - June 27 for all courses)

- Challenges in Conservation: National Parks at Risk (1.5 units / 5.4 credits)
Professor Abdelwahab Sinnary
ENVS/BIO/AFS 248 B
- Health Care Delivery in a Developing Country (1.5 units / 5.4 credits)
Professor Wairimu Ndirangu
SOC/ANTH/AFS 248 C
- Archaeology in Kenya: in Search of our Ancestors (1.5 units/ 5.4 credits)
Professor John Barthelme
ANTH/AFS 248 D

ETHIOPIA (June 3 - 23)

- Utopia in Ethiopia: The case in Awra Amba (1 unit/ 3.6 credits)
Professor Abye Assefa
SOC 248 A

IRELAND (July 4 - 23)

- Nationalism, Peace and Conflict in Ireland AND Literature, Popular Memory and Place in Ireland (2 units / 7.2 credits)
Professor Eve Stoddard
GS/ENG 247 A and B

Application Checklist

- Application – (Personal Data form)
- One-page essay (Times New Roman, 12 point font, 1 inch margins, double-spaced) indicating the connection between the course topic, location and your academic goals and personal growth pursuits.
- Medical Report form
- Transcript
- Photocopy of passport identification page
- Letter of evaluation from faculty member

Return complete application to Jolie Roetter in Carnegie 108. (Faculty evaluation letter will be sent directly to our office.)

If you are accepted, a deposit of \$400 will be required by March 2.
A final balance payment will be due on April 1.

Center for International and Intercultural Studies
Tel: (315) 229-5991 Fax (315) 229-5989

Summer Course Abroad

Letter of Evaluation: Faculty

To the applicant:

Fill out this part of this form before giving it to the evaluator. The evaluation must be from a faculty member with whom you have completed at least one course.

Applicant's Name _____

Summer course /Program Name _____

Name of professor to write evaluation _____

Name of course completed with professor _____

Under the provisions of the Family Education Rights and Privacy Act,

_____ I retain my right of access to this evaluation.

_____ I waive my right of access to this evaluation.

Applicant's signature _____ **Date** _____

To the evaluator:

Faculty perspectives on students applying for off-campus programs are very helpful to the selection committees. The committees need frank *evaluations* and insight into a student's capacity to gain from, and contribute to, an off-campus program. In your letter, please evaluate the student to the best of your knowledge, addressing the points listed on the reserve side.

Please return this form and your letter to: **CIIS, Carnegie 108 by February 2, 2009.**

Thank you.

- How long and in what capacity have you known the applicant?
- Motivation, seriousness of purpose, initiative
- Intellectual curiosity, openness to new ideas and experiences
- Attendance, performance in class, ability to meet deadlines
- Quality of thought and expression
- Ability to work cooperatively with others; tolerance of different options and points of view
- Independence and self reliance
- Other points you think relevant

Evaluator's signature _____ Date _____

Please attach your letter to this form and return to: CIIS, Carnegie 108

MEDICAL REPORT

It is **imperative** that you fill out this form honestly and accurately. Our intention is to learn as much as possible about your physical, emotional and psychological needs so that you can have a successful international/off-campus experience. It will assist us in obtaining or providing appropriate care if there is an emergency.

This medical report is subject to review by the Medical Director on your campus (for Non-SLU students), the St. Lawrence University Health Center staff (for all students), the program director and administrators at the Center for International and Intercultural Studies. The selection committees do not see this material and you will not be rejected on the basis of either a physical or emotional condition unless:

- it is of such a serious nature or degree as to prevent successful participation in the program;
- medical care for an individual's medical problem is not available in the program area;
- and/or the living and environmental conditions to which the applicant could be exposed would present a serious risk to his/her health and/or the health and safety of others.

Should you develop any significant health problems between the time of acceptance into the program and commencement of the off-campus component, **it is your responsibility** to notify the faculty leader. A **medical report** should accompany this notification for review by the Director of Health Services.

The following items must be received by the Center for International and Intercultural Studies on or before **February 2**:

FOR SLU STUDENTS:

- Medical report form - Part I and II
- Medical release – Part III
- Physician/Counselor report – Part IV (if applicable)

FOR NON-SLU STUDENTS:

- Medical report form – Part I and II
- Medical release – Part III
- Physician/Counselor report – Part IV (if applicable)
- Copy of immunization record
- Health records & pre-admission physical from your school's health center

NON-SLU STUDENTS:

Please have your records sent to:

Center for International & Intercultural Studies
St. Lawrence University
Canton, NY 13617
FAX: (315) 229-5989

I. GENERAL INFORMATION

Program: _____
(location / country)

Name: _____ Sex: ____ Birth Date: ____/____/____

Name of university/college: _____

Campus Address: _____ Phone: _____

_____ E-Mail: _____

Parent/Guardian Name(s): _____ Phone: _____

Address: _____
(street address) (city) (state) (zip)

II. CURRENT HEALTH QUESTIONNAIRE

1. Your height in inches: _____ Your weight in pounds: _____

2. Please list all medications – and dosage – you are currently taking, including over-the-counter medications.

3. Have you ever had an allergic reaction to anything? Yes ___ No ___

If yes, please list: _____

4. Do you have any physical handicap or disability? Do you have any orthopedic problems that restrict physical activity?

Yes ___ No ___

If yes, please describe: _____

5. How much alcohol do you normally drink in a week? _____

6. Have you been placed on social or disciplinary probation for an incident in which alcohol or drugs were involved?

Yes ___ No ___

If yes, please explain: _____

7. Have you been hospitalized during the past year? Yes ___ No ___

If yes, please explain: _____

8. Are you currently, or have you recently been, involved in friend/family relationships that have caused you unusual stress? Yes ___ No ___

If yes, please explain: _____

9. Do you have any dietary restrictions? Yes ___ No ___

If yes, please list: _____

10. Have you any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant chronic medical conditions which are currently in remission? (for example: diabetes mellitus, heart problems, chronic or recurrent gastrointestinal disorders, seizure disorders treatment for cancer, bleeding disorders, etc.)

*Yes ___ No ___

If yes, please list: _____

11. Are you currently receiving, or have you received in the past two years, counseling in the treatment of any emotional problem, drug addiction, alcohol problem, psychiatric condition, or eating disorder?

*Yes ___ No ___

*** If you answered "yes" to #10 or #11, the physician/counselor primarily responsible for your care must complete Section IV.**

12. Is there any other information that would be helpful to the program director or on-site medical staff? _____

Please contact the Torrey Health and Counseling Center staff at 315-229-5392 if you have any questions.

The responses I have given are correct and complete to the best of my knowledge.

Signature of Applicant

Date

**RETURN COMPLETED FORM TO: CENTER FOR INTERNATIONAL STUDIES
ST. LAWRENCE UNIVERSITY
CANTON, NY 13617**

III. MEDICAL RELEASE - All students must complete this side of the form.

A visit to your physician is not required unless your doctor considers it necessary to update the evaluation of your medical condition. **ONLY STUDENTS WHO ANSWERED “YES” TO SECTION II, ITEM(S) 10 AND/OR 11, MUST HAVE THE PHYSICIAN/COUNSELOR PRIMARILY RESPONSIBLE FOR TREATMENT COMPLETE SECTION IV ON THE REVERSE SIDE OF THIS FORM.**

Student Name _____

Program _____

Condition(s) listed in Section II, # 10 and/or # 11

I understand that my medical/psychiatric record will be reviewed by the Medical Director on my campus (for Non-SLU students), the St. Lawrence University Torrey Health and Counseling Center staff (for all students), the program director, and administrators at the Center for International & Intercultural Studies. I understand it’s critical that administrators have my current, accurate medical information. Therefore, I agree that my immunization record and recent medical visits can be released.

Signature _____ Date _____

Phone number _____

FOR SLU STUDENTS: The Torrey Health & Counseling Center will forward your relevant medical & immunization records currently on file to the Center for International & Intercultural Studies.

FOR NON-SLU STUDENTS: Your medical & immunization records must be sent to:

Center for International & Intercultural Studies
St. Lawrence University
Canton, NY 13617
Fax: (315) 229-5989
Phone: (315) 229-5991

Applicant's Name _____ Program _____

**TO BE COMPLETED BY PHYSICIAN/COUNSELOR PROVIDING TREATMENT IF
APPLICANT ANSWERED "YES" TO PART II, ITEM(S) 10 AND/OR 11**

IV. PHYSICIAN/COUNSELOR REPORT

The applicant has indicated an on-going health problem. You are being asked to evaluate the physical and mental health of the above named applicant for selection into an off-campus program. Living in unfamiliar surroundings and adjusting to cultural differences can create emotional and physical stresses that can exacerbate mild disorders.

Individuals in this program will at times be in remote areas exposed to harsh environmental conditions with poor water supply and away from immediate, full-service medical care. Gastrointestinal problems are common. Individuals with certain medical conditions which can lead to electrolyte imbalance such as inflammatory bowel disease, diabetes mellitus and insipidus, as well as individuals on psychopharmacological medications, would be at greater risk, as would persons with unstable seizure disorders, problem asthmatic patients, and individuals with cardiac disorders. Supervision of psychiatric conditions is not practical.

If additional space is required, please attach report.

Diagnosis:

Medications and dosages:

Diet:

Stability of condition over past two years:

Recommendations for the care of this individual:

Is this individual capable of participating in the program? Yes _____ No _____

Please contact the St. Lawrence University Health Center with any questions or concerns: 315-229-5392

Signature of physician/counselor: _____ Date: ____/____/____

Name of physician/counselor (printed): _____

Address: _____
(street address) (city) (state) (zip)

Telephone: _____ Fax: _____