



The College of New Jersey

Center for Global Engagement

# **The Natural History of the Galapagos Islands and Ecuador**

**Short-Term Faculty-Led Program Student Application**

**Part A**

**STUDENT NAME** \_\_\_\_\_

**SUMMER 20** \_\_\_\_

*Please return the completed application to:*

Center for Global Engagement  
The College of New Jersey  
Green Hall, Room 111  
2000 Pennington Road  
P.O. Box 7718  
Ewing, NJ 08628  
USA

**Fax:** 609-637-5128

**Phone:** 609-771-2576

**goglobal@tcnj.edu**

FACULTY-LED STUDENT APPLICATION FORM

**PART I: Personal Information**

Program Name \_\_\_\_\_

Faculty Leader \_\_\_\_\_

Student Name \_\_\_\_\_  
(first) (middle) (last)

Sex \_\_\_\_ Male \_\_\_\_ Female

Student ID # \_\_\_\_\_

Expected Graduation Date: (Month)\_\_\_\_ / (Year)\_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Passport No. (if Known) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Current Address

\_\_\_\_\_  
\_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Permanent Address

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Do you have a parent who works at TCNJ? YES\_\_\_\_ NO\_\_\_\_

If YES, what is their name? \_\_\_\_\_

**PART 2: Academic Information**

Grade Point Average \_\_\_\_\_

Major \_\_\_\_\_

Minor (if applicable) \_\_\_\_\_

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**PART 3: Language Ability & Course Requirements**

Student Name \_\_\_\_\_  
(first) (middle) (last)

**1) Have you had any previous experience traveling abroad? \_\_\_\_ YES \_\_\_\_ NO**

If YES, please answer the following:

Year Abroad \_\_\_\_\_ Length of Time Abroad \_\_\_\_\_

Country(ies) Traveled to \_\_\_\_\_

Group Traveled With (family, school, etc) \_\_\_\_\_

Briefly explain your purpose for traveling: \_\_\_\_\_

**2a) List what other courses you will be required to take during the Spring 2011 semester.** This information will be used to determine the meeting time for BIO/HON/IDS 361-362. Please list your most important classes first.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**2b) Please indicate which of the following requirement(s) you intend BIO/HON/IDS 361 - 362 to fulfill for you:**

- \_\_\_\_ Organismal Biology Option course
- \_\_\_\_ Liberal Learning course (Natural Science with lab component)
- \_\_\_\_ Liberal Learning course (Global Perspective)
- \_\_\_\_ Honors Program course
- \_\_\_\_ Environmental Studies Concentration Capstone course

**3) Please indicate your language ability.** Please note that it is NOT required that you understand and/or speak Spanish in order to participate in and complete this program.

- \_\_\_\_ I understand discussions of complicated topics, and write and speak Spanish fluently
- \_\_\_\_ I understand discussions of everyday topics, and can write and speak Spanish reasonably well
- \_\_\_\_ I understand basic conversations and have limited written and oral communication skills
- \_\_\_\_ I have only a very basic knowledge of the Spanish language
- \_\_\_\_ I have no significant knowledge of the Spanish language

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**PART 4: Cruise/Program Questions**

Student Name \_\_\_\_\_  
(first) (middle) (last)

**4) For the cruise portion of the program, there is room on the ship for 17 students with single-room accommodations (single beds) . Should this program reach the maximum number of 18 students attending, 2 students will need to share a double-room accommodation (double bed). Below, please indicate your willingness to share a double-room accommodation with another student of the same gender:**

- **Please note that this will be for the cruise portion of the program ONLY and that students will not be asked to share beds in the hotels**
- Those students willing to share a double-room accommodation will be discounted on their total program cost

\_\_\_\_\_ YES, I would not mind sharing a double bed with another student of the same gender

\_\_\_\_\_ NO, I do not want to share a double-bed

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**PART 5: Faculty References**

Student Name \_\_\_\_\_  
(first) (middle) (last)

**5) Please list two (2) TCNJ faculty members who could speak in support of your application for this program.** These faculty members will be contacted as references.

- At least one (1) must be a full-time TCNJ faculty
- It is preferred (but not required) that at least one (1) faculty member be from the Biology department

1) Faculty Name \_\_\_\_\_

Department \_\_\_\_\_

On-Campus Phone Number (\_\_\_\_\_) \_\_\_\_\_

On-Campus E-mail \_\_\_\_\_

Have you been a student of this faculty member? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, for which class(es)? \_\_\_\_\_

If NO: \_\_\_\_\_ This faculty member is my advisor

\_\_\_\_\_ I have worked for or currently work with this faculty member

\_\_\_\_\_ Other: \_\_\_\_\_

2) Faculty Name \_\_\_\_\_

Department \_\_\_\_\_

On-Campus Phone Number (\_\_\_\_\_) \_\_\_\_\_

On-Campus E-mail \_\_\_\_\_

Have you been a student of this faculty member? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, for which class(es)? \_\_\_\_\_

If NO: \_\_\_\_\_ This faculty member is my advisor

\_\_\_\_\_ I have worked for or currently work with this faculty member

\_\_\_\_\_ Other: \_\_\_\_\_

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**DISCIPLINARY VERIFICATION RECORD & RELEASE FOR OFF-CAMPUS PROGRAMS (INTERNATIONAL & DOMESTIC)**

*THIS IS A RELEASE OF LEGAL RIGHTS – READ AND UNDERSTAND BEFORE SIGNING*

**PARTICIPANT SECTION** - please complete this section ONLY and submit to the Center for Global Programs office (Green Hall 111)

I authorize The College of New Jersey to release details of my disciplinary record(s) to the program I am applying to:

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARTICIPANT NAME – PLEASE PRINT

\_\_\_\_\_  
CITY & COUNTRY OF PROGRAM ABROAD

**TCNJ SECTION**

THIS SECTION WILL BE COMPLETED BY THE JUDICIAL AFFAIRS OFFICER AT TCNJ. (**Check the appropriate section below**)

\_\_\_\_\_ I have verified that the applicant's record **does not** make mention of any previous disciplinary problems, including probation or higher.

\_\_\_\_\_ I have verified that the applicant's record **does** make mention of previous disciplinary problems, including probation or higher. (If permissible, an explanation of the circumstances is attached.)

\_\_\_\_\_  
JUDICIAL OFFICER – PLEASE PRINT

\_\_\_\_\_  
JUDICIAL OFFICER – SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
DATE

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