CSUF/NSM
Application
Environmental Science
Research in Thailand
Application Checklist

- ESRT Application (sign the application)
- Permission for Emergency Treatment
- Release of Liability
- Personal Conduct Form
- Health Statement
- 2 Faculty Recommendations
- Statement of Purpose (attach – maximum one-page)
- Official Transcripts from all colleges
- A Photocopy of the Inside Page of Passport

Application Deadline for 2013 ESRT Program

For participation in Intersession 2013: September 21
For participation in Summer 2013: December 1

Return Application Materials To
Kathryn Morrissey – Study Abroad Advisor
Office of International Education & Exchange, UH-244
Cal State Fullerton, P.O. Box 6830, Fullerton, CA 92834
Telephone: (657) 278-4594; E-Mail: sabroad@fullerton.edu

Special Notes

- Applicants must be currently enrolled in the CSU and must have completed at least 15 CSU units in order to qualify for participation in a CSUF Exchange Program.
- Applications will not be reviewed until ALL materials have been submitted (see checklist above).
- If you are NOT 18 years old AT THE TIME YOU COMPLETE THE APPLICATION, your parent or legal guardian must sign where indicated in the application.
- It is your responsibility to make sure that faculty members return their recommendation forms to the Office of International Education and Exchange (UH-244) by the application deadline date.

Keep This Page for Reference
Please TYPE or write CLEARLY.

Instructions: Don’t abbreviate. Answer every question. Write “n/a” if a question is not applicable.

1. Name ___________________________________________  
   Last Name ___________________________________________  
   First Name ___________________________________________  
   Middle Initial ________________________________________

2. Student ID # _______________________________  
3. E-Mail Address _______________________________ (mandatory)

4. Passport (Issuing Country & Number) _______________________________  
   Expiration _______________________________

5. Term(s) to study abroad _______________________________  
   (Be specific. For example: Fall 2011 & Spring 2012; OR Fall 2011, etc.)

6. Academic Major ___________________________________________  
   Minor ___________________________________________

7. Current Address ___________________________________________  
   Number & Street or Box No. _______________________________  
   City ___________________________________________  
   State _________________________________________  
   Zip _________________________________________  
   Cell Telephone (_____ ) _______________________________  
   Other/message telephone (_____ ) ________________________

8. Class Level immediately prior to departure (Check one box)
   
   Undergraduate Students:  
   □ Sophomore (30-59 semester units)  
   □ Junior (60-89 1/2 semester units)  
   □ Senior (90 or more semester units)

   Graduate Students:  
   □ Master’s Degree  
   □ Credential Program

9. Cumulative Grade Point Average (GPA = Grade Points ÷ Units Attempted) _______________________________

10. Sex:  Male _____ Female _____  11. Date of Birth ____________  
     Mo/Day/Year _______________________________


14. List all colleges and universities attended. Start with current institution and go back. An official transcript is required from each university or college you have attended.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Mo/Yr Attended</th>
<th>Major</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
During the ESRT program, each student will be required to pay for their own food and incidental expenses. In addition, each student will be required to pay no more than $300 for Board. Students should budget a minimum of $800 for these expenses.

15. Estimate your resources for financing the above amount:

   Personal Savings: $ _____________________
   Parental Support: $ _____________________
   Other: $ _____________________

   Total Resources: $ _____________________

Subtract Total Expenses from Total Resources: $ _____________________

16. Briefly describe any previous international living or travel experience (need not be related to science):

17. **Statement of Purpose.** Please attach a typed, one-page, single-spaced, carefully written essay that explains why you are interested in the ESRT program, how your coursework and personal experience have prepared you to take advantage of this opportunity and discuss how your participation would contribute to your future academic and personal goals.

   I hereby submit my application to participate in the Environmental Science Research in Thailand program. I understand that my application will not be reviewed until all of the forms are completed and turned in. I certify that the information given in the application is true and complete and that I understood each question.

   Signature of Applicant ____________________________   Date ______________
Permission for Emergency Treatment

Date: ______________________

To Whom It May Concern:
The Director of the Environmental Science Research in Thailand Program has my authorization to act on my behalf in the event that, (Name of Participant): ____________________ requires emergency medical care while participating in the Cal State Fullerton Exchange Program from (program dates): ____________________ to ____________________.

If the student is 18 years of age or older:
Student’s Signature: ______________________________________________

If the student is under 18 years of age:
Signature of Parent / Guardian: ______________________________________

In Case of Emergency

Contact Person: _____________________________________________________
Relationship to Participant: ___________________________________________
Street Address: ______________________________________________________
City: _____________________________ State: _______________ Zip: ______
Cell Telephone: ______________________ Home Number: __________________

Cal State Fullerton Contact

Kathryn Morrissey, Study Abroad Advisor
Office of International Education and Exchange
Cal State Fullerton, UH-244
Fullerton, CA 92834
Tel: 657/278-4594; Fax: 657/278-8195
sabroad@fullerton.edu
CSU Fullerton Release of Liability

PROMISE NOT TO SUIT, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: Study Abroad
Activity Location(s):
Activity Date(s) and Time(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California; the Trustees of The California State University; California State University, Fullerton and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: ________________________________ Date: __________________

Participant Name (print): ________________________________

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant’s behalf, (b) promising not to sue on my and the Participant’s behalf, (c) and assuming all risks of the Participant’s participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant’s Parent/Guardian __________________________ Minor Participant’s Name __________________________

Name of Minor Participant’s Parent/Guardian (print) __________________________ Date __________________________
I _________________________ understand that during the period of this study abroad program, I will be a

Print name
guest at Chiang Mai University (CMU), Thailand. I also understand that:

- while living in Thailand I will be subject to the their laws.
- my behavior reflects upon my country and on CSUF. I agree to conform to standards of conduct consistent with the maintenance of the reputation of CMU and CSUF.
- Thailand is more formal than the USA in dress, in speech and in social relationships, and while there, I will act according to local socially acceptable, polite norms.
- attendance is required in all regularly scheduled classes, field trips, and other group activities and that my grades will be adversely affected by any absences.
- I understand that participation in the ESRT program requires registration for 2 units of an appropriate 498,c499, or 599 class under the supervision of a CSUF mentor. You must complete the requirements for this class, which may include presentations and reports. You will be assigned a letter grade for this class by your mentor using the scheme described in the Travel Plan/Syllabus.
- I am considered a student of California State University, Fullerton and therefore I shall abide by the Dean of Student’s JUDICIAL AFFAIRS policies as set forth on their website (www.fullerton.edu/deanofstudents/judicial.edu), including, but not limited to: Title V, Alcohol & Drug Use; drug-Free school Information; Nondiscrimination Policy; Plagiarism; Sexual Harassment; Student Discipline Procedures; Student Rights & Responsibilities; Academic Appeals Procedures; and Academic Dishonesty and Repetition of Courses.
- I am aware that I could be asked to return home, at my expense, if I am in violation of these policies.

I have read, received, understand and agree to the above.

Print Name: ________________________________ Date: __________________

Signature: ________________________________
One of the requirements of the California State University, Fullerton Exchange Programs is evidence that you are in good health. If you are disabled or have a health problem you are NOT excluded from the programs provided that your condition is not contagious and that the necessary accommodations and medical support are available at the study abroad site. However, it is essential that we know what kind of special arrangements should be made in order to protect your health and well-being while studying abroad.

### Personal History

<table>
<thead>
<tr>
<th>Medical Disease/Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis</td>
<td></td>
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<tr>
<td>Infectious Mononucleosis</td>
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<tr>
<td>Tuberculosis or contact w/ TB</td>
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<td></td>
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<tr>
<td>Malaria</td>
<td></td>
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<tr>
<td>Heart Problems</td>
<td></td>
<td></td>
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<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
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<tr>
<td>Irregular or Rapid Heart Beat</td>
<td></td>
<td></td>
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<tr>
<td>Pain or Pressure in the Chest</td>
<td></td>
<td></td>
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<tr>
<td>Asthma</td>
<td></td>
<td></td>
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<tr>
<td>Significant Allergic Reaction(s)</td>
<td></td>
<td></td>
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<tr>
<td>Chronic Gastrointestinal Problems</td>
<td></td>
<td></td>
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<tr>
<td>Kidney Problems</td>
<td></td>
<td></td>
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<tr>
<td>Hernia</td>
<td></td>
<td></td>
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<tr>
<td>Chronic Skin Problems</td>
<td></td>
<td></td>
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<tr>
<td>Epilepsy</td>
<td></td>
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<tr>
<td>Fainting Spells</td>
<td></td>
<td></td>
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<tr>
<td>Migraine Headaches</td>
<td></td>
<td></td>
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<tr>
<td>Endocrine Disorder(s)</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes Mellitus</td>
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<tr>
<td>Anemia</td>
<td></td>
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<tr>
<td>Operation(s)</td>
<td></td>
<td></td>
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<tr>
<td>Allergies to Medications</td>
<td></td>
<td></td>
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<tr>
<td>Physical Handicap(s)</td>
<td></td>
<td></td>
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<tr>
<td>Serious Accident(s)</td>
<td></td>
<td></td>
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<tr>
<td>Do you take medication(s)?</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate any current or recurring condition (physical or emotional) which would or could require medical attention while studying abroad.

____________________________________________________________________________________

Please indicate any known allergies.

____________________________________________________________________________________

Please indicate any prescription or medication(s) that you must continue to take.

____________________________________________________________________________________

____________________________________________________________________________________

The information I have given is true and complete.

Applicant’s Signature: ___________________________ Date: ___________________________
ESRT Faculty Recommendation

Instructions: Student completes the top section before giving it to the faculty member. Faculty member completes the bottom section. Please do not submit recommendations from employers, university staff, or administrators. Please type or print neatly.

Applicant Completes

Applicant’s Name _____________________________________________________________

Applicant’s Major/Minor _____________________________________________________________

Faculty Member Completes

1. How well do you know the applicant? Please check the most appropriate response.

☐ Extensive contact as advisor in small classes
☐ Well acquainted in classroom environment
☐ Limited contact in classroom environment

2. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. Circle the most appropriate response.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
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</thead>
<tbody>
<tr>
<td>Academic Ability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Maturity</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Adaptability</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Initiative/Motivation</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
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</table>

3. Based on your knowledge of the applicant, please comment on his/her suitability for participation in the Environmental Science Research in Thailand Program. Please use the space below and the backside of this form for your remarks. See http://geology.fullerton.edu/brhodes/personal_web_site/ESRT.html for information about the ESRT program.

Printed Name ___________________________ Institution ________________________________________

Position/Department ________________________________________________________________

Signature ___________________________________________ Date __________________________

Please Return this form to: Kathryn Morrissey – Study Abroad Advisor
International Education & Exchange
Cal State Fullerton, UH-244, Fullerton, CA 92834-6830
Telephone: (657) 278-4594; Fax: (657) 278-8195
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Telephone: (657) 278-4594; Fax: (657) 278-8195
Personal History

Answer the following questions in a typed statement of no more than 1 page (single spaced).

1) Why you are interested in participating in the ESRT program?
2) What attributes and/or experiences make you a particularly good candidate for a research/study abroad opportunity such as ESRT?
3) What research topics are you interested within your major?