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
- Letter of Recommendation
- Statement of Purpose (attach – maximum one-page)
- Transcripts from all colleges (or print-out Titan Degree Audit)

Application Deadline for Summer, 2014 ESRT Program

5 pm, November 1, 2013

Return Application Materials To

Brady Rhodes
Department of Geological Sciences, MH254
Telephone: (657) 278-2942; E-Mail: brhodes@fullerton.edu

Special Notes

- 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 your referees return their recommendation forms to B. Rhodes via email or delivery to MH254 by the application deadline date.
- These forms are fillable – you may open them on your computer, fill them out (click at the beginning of each form), print and sign, then submit. You may also print first and fill out manually.
Please TYPE or write CLEARLY.

**Instructions:** Don’t abbreviate. Answer every question. Write “n/a” if a question is not applicable. ALL INFORMATION WILL BE CONSIDERED CONFIDENTIAL TO BE USED BY THE PROGRAM MENTORS (DR. RHODES and DR. DEMING)

1. Name (exactly as on your passport): __________________________________________________________

2. CWID No. ______________________  3. E-Mail Address _________________________________

4. Passport (Issuing Country & Number): ______________________________________________________

Passport expiration date: ______________________________________________________________________
(if you do not yet have a passport, leave blank)

5. Academic Major __________________________ Minor ________________________________

6. Current Address ____________________________________________________________

   Number & Street or Box No. ____________________________ City __________ State _________

   Zip

   Cell Telephone ____________________________ Other/message telephone _______________________

7. 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

8. Cumulative Grade Point Average (GPA = Grade Points ÷ Units Attempted) ________________

9. Sex: ☐ Male ☐ Female  10. Date of Birth ________________________________________________


13. List all colleges and universities attended. Start with current institution and go back. A transcript is required from each university or college you have attended (unofficial transcripts or Titan Degree Audits are adequate).

<table>
<thead>
<tr>
<th>Institution</th>
<th>Major</th>
<th>Location</th>
<th>Degree Earned</th>
<th>Mo/Yr Attended</th>
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During the ESRT program, each student will be required to pay for their own food and incidental expenses (suggest minimum amount = $700). In addition, each student may be required to an additional $300 to assist with group expenses and/or lodging expenses. Students should budget a minimum of $1000 for all of these expenses.

15. Estimate your resources for financing the above amount:

   Personal Savings: $ _______________________
   Parental Support: $ _______________________
   Scholarship: $ _________________________
   Other: $ _________________________
   Total Resources: $ _________________________

16. **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, any research experiences you have had that demonstrate independent thinking and analysis, and discuss how your participation would contribute to your future academic and personal goals.

17. Briefly describe (below) any previous international living or travel experience (need not be related to academics):

   [Blank space for description]

   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 my application is complete, including letter of reference. 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:
Faculty mentors of the Environmental Science Research in Thailand Program have 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 in Thailand during summer, 2014.

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
Activity: Study Abroad
Activity Location(s): Various Locations in Thailand
Activity Date(s): Summer Session 2014

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: ______________________________
Participant Name (print): ____________________________  Date: ________________

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

- while living in Thailand I will be subject to 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, 499, 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: ___________________________________________________________________
Study Abroad Health Statement

Student Complete

Name ___________________________  CWID: ___________________________

Study Abroad Location: **Chiang Mai University, Thailand**

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.

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### Personal History

**Have you ever had or do you now have (check yes or no):**

<table>
<thead>
<tr>
<th>Medical Disease/Condition</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Chicken Pox</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Hepatitis</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Infectious Mononucleosis</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Tuberculosis or contact w/ TB</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Malaria</td>
<td>☐</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>
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<tr>
<td>Epilepsy</td>
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<tr>
<td>Fainting Spells</td>
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<td>☐</td>
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<tr>
<td>Migraine Headaches</td>
<td>☐</td>
<td>☐</td>
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<td>Endocrine Disorder(s)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Diabetes Mellitus</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Anemia</td>
<td>☐</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>
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<tr>
<td>Serious Accident(s)</td>
<td>☐</td>
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<tr>
<td>Do you take medication(s)?</td>
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<td>☐</td>
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<tr>
<td>Other</td>
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Please indicate any current or recurring condition (physical or emotional) which would or could require medical attention while studying abroad.

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Please indicate any known allergies.

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

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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 referee. Referee completes the bottom section. Referees will normally be CSUF or other College faculty members, but may be anyone that has knowledge of your abilities and character. Please type or print neatly. The referee may choose to send an email recommendation to brhodes@fullerton.edu in lieu of this form.

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
☐ Other (explain)

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>
<th>N/A</th>
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<tbody>
<tr>
<td>Academic Ability</td>
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<tr>
<td>Maturity</td>
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<td>Adaptability</td>
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<tr>
<td>Initiative/Motivation</td>
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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 or attach an additional page for your remarks. See http://geology.fullerton.edu/brhodes/personal_web_site/ESRT.html for information about the ESRT program. As an alternative, you may email a recommendation directly to the email address shown below in lieu of this form.

Printed Name

Institution

Position/Department

Signature

Date

Please Return this form to: Brady Rhodes
Department of Geological Sciences, MH254
or email to: brhodes@fullerton.edu
Telephone: (657) 278-4594; Fax: (657) 278-8195