



**UNIVERSITY of HOUSTON – YBRA
FIELD CAMP APPLICATION**

INSTRUCTION: Complete this fillable pdf. application, save a copy and email it to lbell4@uh.edu. Along with this application, submit also: (1) proof of insurance, and (2) a copy of your **unofficial** transcript. Note that non-UH students will be required to submit an official transcript at a later time.
Application Deadline: March 1, 2013

Name:

Last First Middle

Date of Birth: _____ **Gender:** *Male* *Female*

Permanent Address:

Number Street Apt. #

_____ *City State Zip Code*

Phone Number: () _____ **Alternative Phone Number:** () _____

Email Address: _____ @ _____

Emergency Contact Name: _____ **Emergency Contact Phone Number:** () _____

University/College of Current Enrollment:			
Status: (<i>as of Spring 2013</i>) <input type="checkbox"/> <i>Freshman</i> <input type="checkbox"/> <i>Sophomore</i> <input type="checkbox"/> <i>Junior</i> <input type="checkbox"/> <i>Senior</i> <input type="checkbox"/> <i>Graduate</i>	List the courses you have taken or are taking in Earth Sciences		
	Course Name	Grade	<i>If no grade, complete by June 2013?</i>
Major: Cumulative GPA: Graduation Date:			
Plan of field camp enrollment: <input type="checkbox"/> Geology session 1 (6/3 – 7/7/2013) <input type="checkbox"/> Geology session 2 (7/7 – 8/10/2013) <input type="checkbox"/> Geophysics (8/4 – 8/14/2013)			
How many credit hours of Geology Field Camp will you be taking? <input type="checkbox"/> GEOL 3355 <input type="checkbox"/> GEOL 3360			
Name of faculty or academic advisor who can verify your academic information: _____	Email Address: _____		

Do you have a physical or medical condition that might limit your ability to participate in the often strenuous physical activities of a geology field course such as hiking and climbing in steep terrain and at high altitude, or camping, etc.? If your answer is “yes”, you must obtain and submit written permission from your doctor allowing your participation in our field camp program. Yes
 No

Briefly describe your condition:

Student attending field camp are required to carry health insurance for the duration of field camp. Please provide the name of your insurance provider:

I certify that all entries on this application are complete and accurate to the best of my knowledge.