



AN HONORS UNIVERSITY IN MARYLAND

**International Education Services**

University of Maryland, Baltimore County  
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# UMBC International Field Research Program Application

## Personal Information

|                           |       |     |  |       |     |
|---------------------------|-------|-----|--|-------|-----|
| Name                      |       |     | UMBC Student ID Number (for example: XX0000)   |       |     |
| Mailing Address           |       |     | Permanent Address  |       |     |
| City                      | State | Zip | City   | State | Zip |
| Local or Mobile Telephone |       |     | Permanent Telephone  |       |     |
| Date of Birth             |       |     | Country of Citizenship   |       |     |
| UMBC E-mail               |       |     | May the UMBC Study Abroad Office release your name and e-mail to other program participants?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |       |     |

Ethnic heritage (U.S. citizens and permanent residents only): Your response is completely voluntary and will not affect consideration for any program. This information is gathered for statistical purposes only.

- |  |  |
|--|--|
| <input type="checkbox"/> African American          | <input type="checkbox"/> Hispanic                          |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Multiracial                       |
| <input type="checkbox"/> Caucasian                 | <input type="checkbox"/> Native American or Alaskan Native |

|                                    |                    |
|------------------------------------|--------------------|
| Last Name _____ GPA _____          |                    |
| <b>OFFICIAL USE ONLY</b>           |                    |
| Last Name _____                    | Air Fare _____     |
| Deposit #1 _____                   | IRB _____          |
| Deposit #2 _____                   | Rail _____         |
| Passport _____                     | Medex _____        |
| Terms Agreement Acknowledged _____ | Risk/Release _____ |
| Scholars Program _____             | Check issued _____ |

|  |       |     |  |       |     |
|--|-------|-----|--|-------|-----|
| Emergency Contact #1   |       |     | Emergency Contact #2   |       |     |
| Address  |       |     | Address  |       |     |
| City   | State | Zip | City   | State | Zip |
| Home Telephone   |       |     | Home Telephone   |       |     |
| Work Telephone   |       |     | Work Telephone   |       |     |
| May we contact this person in case of emergency?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |       |     | May we contact this person in case of emergency?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |       |     |

### Academic Information

|   |   |
|---|---|
| Major/Minor   | Academic Advisor  |
| Current Status<br><input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GRAD   | Status When Overseas<br><input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GRAD |
| Anticipated Graduation Date   | Current GPA   |
| Are you receiving or have you applied for financial aid through the UMBC Financial Aid Office? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Do you currently receive any scholarships, either through UMBC or an outside source? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| If yes, which kind of financial aid or scholarships?  |   |
| Has disciplinary action been initiated or taken against you at UMBC?<br><i>If yes, please attach a statement describing the incident and its resolution.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

I realize that without approval from my academic advisor or the representative of the UMBC Academic Services Office, courses taken overseas may not be applicable to my degree program. I accept full responsibility for my registration under this condition. I have read and understood the conditions of this application. I hereby certify that the information given above is complete and accurate. If not, I understand that cancellation of admission may result.

If you are under the age of 18, the signature of your parent or legal guardian is required.

|                              |      |
|------------------------------|------|
| Signature of Applicant       | Date |
| Signature of Parent/Guardian | Date |



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## International Field Research Application Procedures

Congratulations on your decision to study abroad! You are about to undertake a life-changing experience. The UMBC Department of Health Administration and Policy Program (HAPP) and the Study Abroad Office (SAO, for short) wants to do all that it can to help you prepare for your time overseas.

Your first step in participating in the UMBC Affiliate Program is submitting an application. Please read the application instructions carefully. As part of the application procedure, we require you to submit the following pieces of information:

- ❑ The attached completed UMBC International Field Research Application Form.
- ❑ A short essay (500 word limit, 12 font) in which you describe why you are interested in this program. Please include your rationale for applying to the International Field Research Program and any pertinent background information. For example, if you are interested in a career in health, aging, or scientific research, you might discuss any key issues or considerations associated with the career decisions facing you.
- ❑ Unofficial UMBC Transcript
- ❑ Program deposit of \$500.00, cash or check payable to UMBC.

**Application Deadline: December 1, 2011**  
There is a limit of 24 participants. Early application is strongly recommended.  
Please return to the Study Abroad Office, 222 Administration Building

For additional information: contact Katie Birger, Coordinator, International Field Research Program  
[cbirge1@umbc.edu](mailto:cbirge1@umbc.edu) or see the website <http://www.umbc.edu/happ/health/IFR.htm>

To be considered a complete application, all applications must be accompanied by a \$500 deposit

## Courses

Which of the following course(s) do you want to register for? (permission only)

· HAPP/SOCY 403

· SOCY 663

· PHED 121

## Research themes

Rank your research theme according to 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> choices:

\_\_\_\_\_ A lifespan approach to health and aging: An international perspective, *Dr. Mary Stuart*

Learn how public policy, clinical practice, and personal choices can help individuals of all ages initiate and maintain healthy life styles. Topics include issues such as the Swiss health system, exercise, diet, chronic disease, and substance abuse prevention.

\_\_\_\_\_ Scientific/technological revolutions and societal change, *Michael Weinrich, MD*

Switzerland has a long history of scientific innovation, including Einstein, Jung, and Paracelsus. Innovation continues today, including the Large Hadron Collider and construction of some of the longest tunnels in the world. This team will study the context and consequences of major changes in science and technology.

\_\_\_\_\_ Urban and cultural issues *Dr. Joby Taylor*

Geneva provides a hub for international human service organizations. This team considers issues such as culture and diversity, urban livability, and international aid.

\_\_\_\_\_ Visual methods in field research, *Dr. Bill Shewbridge*

This team will use visual methods and interviews to document the role of culture, entrepreneurship, and technology as the Swiss tackle vital contemporary issues.

\_\_\_\_\_ Entrepreneurship and ecotourism, *Ms. Janet McGlynn*

Explore how entrepreneurship led to our destination being named one of the "top 1000 places to see" in the world!

\_\_\_\_\_ Environmental sustainability and climate change, *Dr. Joby Taylor*

Discover how the Swiss people have taken steps to create a more sustainable impact on both the natural and urban environment.

## Conditioning and stress reduction

In Switzerland, I want to participate in the following activities:

· Alpine hiking  
· Nordic Walking

· Walking  
· Swiss Spa

· Lake steamer cruise  
· Yoga

## Key Dates

- Application Deadline: December 1, 2011 for complete application
- After notification of selection, you receive permission to enroll in linked course(s) spring 2012
- Second deposit installment \$1450 due February 15, 2012
- Provide copy of current passport before leaving the country - You should begin the process of obtaining a passport if you do not already have one. Make sure a current passport will be valid through the dates of planned travel. If you are traveling on a passport other than US issued, please make sure you do not need a visa or other documentation to travel out of the country.

*I have read the program information provided and have noted the key dates as described above and on the website <http://www.umbc.edu/happ/health/IFR.htm> .  
I understand that I may be disqualified if I do not meet all listed deadlines.*

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Signature

Date

Printed Name