

SFS APPLICATION FOR ADMISSION

To complete this application online, go to www.fieldstudies.org

IMPORTANT: IN ORDER TO BE CONSIDERED FOR ADMISSION YOU MUST COMPLETE THIS APPLICATION FORM AND SUBMIT THE FOLLOWING ITEMS:

- Official Transcript(s)
- Application Fee of \$45 (non-refundable, check or credit card made payable to The School for Field Studies)
- Two reference forms
- Participation Approval Form

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ NAME USED _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
 MALE FEMALE EMAIL _____

Country of Citizenship _____

Ethnic Identification (US Applicants only for statistical purposes)

- African-American Asian-American/Pacific Islander Native American
 Hispanic-American Caucasian Other
 Prefer not to respond More than one

SCHOOL MAILING ADDRESS Mail here from ___/___/___ to ___/___/___

STREET _____
CITY _____ STATE _____ ZIP/POSTAL CODE _____ COUNTRY _____
PREFERRED PHONE _____ ALTERNATE PHONE _____
 HOME MOBILE WORK HOME MOBILE

PERMANENT ADDRESS (If Different) Mail here from ___/___/___ to ___/___/___

Ms. Mr. Dr.
STREET _____
CITY _____ STATE _____ ZIP/POSTAL CODE _____ COUNTRY _____
PHONE _____ ALTERNATE PHONE _____
 HOME MOBILE HOME MOBILE

PARENT/GUARDIAN/CONTACT (first)

NAME(S) _____
RELATIONSHIP TO STUDENT _____
STREET _____
CITY _____ STATE _____ ZIP/POSTAL CODE _____
PREFERRED PHONE _____ EMAIL _____
 HOME MOBILE WORK
OCCUPATION _____ EMPLOYER _____

PARENT/GUARDIAN/CONTACT (second)

NAME(S) _____
RELATIONSHIP TO STUDENT _____
STREET _____
CITY _____ STATE _____ ZIP/POSTAL CODE _____
PREFERRED PHONE _____ EMAIL _____
 HOME MOBILE WORK
OCCUPATION _____ EMPLOYER _____

ACADEMIC INFORMATION

CURRENT SCHOOL _____ GRAD DATE _____
MAJOR _____
ADDITIONAL SCHOOLS IF APPLICABLE _____
Current Academic Standing
 Freshman Sophomore Junior Senior
Would you like your family to receive an SFS catalog?
 Yes No

PROGRAM CHOICE

Please indicate up to three programs in which you are most interested.

FIRST CHOICE	SESSION OR DATES	YEAR
_____	_____	_____
SECOND CHOICE	SESSION OR DATES	YEAR
_____	_____	_____
THIRD CHOICE	SESSION OR DATES	YEAR
_____	_____	_____

*If your first choice is full, would you like to:

- be waitlisted for your first choice? OR
 be assigned to your second or third choice?

(You will have the opportunity to discuss these options with your counselor)

PREREQUISITES

For semester applicants, please indicate course(s) you have taken that you plan to use to fulfill the course prerequisites (Not SFS courses) (Refer to page 30). _____

If you are a Costa Rica or Mexico applicant, please indicate the number of college-level semesters of Spanish language _____

EXPERIENCE AND INTERESTS

Please list any additional experience, internships, research or field experience, extra curricular activities or off-campus study.

What are your career plans? _____

Please tell us the two most important factors influencing your decision to apply:

___SFS Catalog ___Study Abroad Fair ___Professor ___Friend ___Study Abroad Office ___Reference Book ___Parent ___SFS presentation
___Web ___Science Professor ___SFS Staff Member ___Other (please specify): _____
___SFS Alumni (if yes, who?): _____

ESSAY QUESTIONS

Please answer the following short-answer questions on a separate sheet of paper. **A brief paragraph for each question is sufficient.** The purpose of these questions is to help you focus on your reasons for wanting to participate in an SFS program and to help us get to know you better. *(Please type responses.)*

- 1. Please explain how your selection of SFS and program choice will support your academic, personal and career goals.
- 2. Have you had experience working as a member of a close knit team? Yes No
If yes, please describe the rewards and challenges of the experience.
- 3. Have you participated in a residential environment? (dormitory, camp, etc.) Yes No
If yes, please share what you learned from these experiences and any obstacles you faced.
- 4. Given that SFS field programs can be unpredictable and challenging, which of your personality traits, characteristics and/or skills would help contribute to your success?
- 5. Please give an example of what you learned from either a cross-cultural experience or a situation where you have interacted with people from different backgrounds.
- 6. In your opinion, what is the most pressing environmental issue of our time? Why?

If you have any special medical, physical, religious, dietary or academic needs that SFS needs to be aware of in order to accommodate your participation, you should notify SFS within 10 days of acceptance. Without having this information at least 60 days prior to the commencement of a program, SFS cannot ensure appropriate support services. Any information provided will not have any bearing on your admission decision. **Please go to the SFS website for information about our medical approval process and to download a Confidential Medical Form: www.fieldstudies.org. Final acceptance into an SFS program is contingent upon medical approval.**

AGREEMENT

I have read the program descriptions, including the admissions policies and procedures, and I feel that I would benefit from an SFS program. I certify that all information I have provided on this form is correct and accurate to the best of my knowledge.

APPLICANT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

(If applicant is under 18 years of age, parental approval is required.)

If paying by credit card, please complete the following information.

Mastercard Visa American Express Discover

NAME ON CARD AMOUNT

ADDRESS

CITY STATE ZIP

CARD NUMBER EXPIRATION DATE

SIGNATURE

REFERENCES

Please provide the names and contact information of your references. See page 28 regarding appropriate references.

Reference 1: Academic Reference

NAME

EMAIL ADDRESS

Reference 2: Character Reference

NAME

EMAIL ADDRESS

SFS CHARACTER REFERENCE FORM

CONTINUED

On an SFS program a student is expected to take a proactive role in both community and academic life.

Please comment on the applicant's social and personal maturity, sensitivity and ability to cooperate with others.

Please indicate the applicant's ability to accept rules and structure.

If the applicant is selected to participate in an SFS program, what impact would you anticipate him/her having on the program?

If there is any additional information about the applicant that you feel we should know, please make additional comments.
(attach additional sheets if necessary)

REFERENCE CONTACT INFORMATION

NAME		TITLE/DEPARTMENT		
INSTITUTION/ORGANIZATION		STREET		
CITY	STATE	ZIP	PHONE	
SIGNATURE	DATE	EMAIL ADDRESS		

Please check here if you are interested in receiving an SFS catalog.

Are you an SFS alumnus/a? Yes No

PROGRAM

DATES



THE SCHOOL FOR FIELD STUDIES

10 Federal Street, Suite 24 • Salem, MA 01970-3876
email: admissions@fieldstudies.org • www.fieldstudies.org
P 800.989.4418 • F 978.741.3551

SFS ACADEMIC REFERENCE FORM

CONTINUED

On an SFS program a student is expected to take a proactive role in both community and academic life.

Please comment on the applicant's social and personal maturity, sensitivity and ability to cooperate with others.

Please indicate the applicant's ability to accept rules and structure.

If the applicant is selected to participate in an SFS program, what impact would you anticipate him/her having on the program?

If there is any additional information about the applicant that you feel we should know, please make additional comments.

(attach additional sheets if necessary)

REFERENCE CONTACT INFORMATION

NAME		TITLE/DEPARTMENT	
INSTITUTION/ORGANIZATION		STREET	
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SFS PARTICIPATION APPROVAL FORM

PART I: TO BE COMPLETED BY THE APPLICANT

FIRST NAME

LAST NAME

PROGRAM CHOICE

Please list your top SFS program choices in order of preference.

FIRST CHOICE

SESSION

YEAR

FIRST CHOICE

SESSION

YEAR

FIRST CHOICE

SESSION

YEAR

HOME INSTITUTION INFORMATION

Do you currently attend an SFS Affiliate Institution?

For a current listing of SFS Affiliates, see page 32 of this catalog or on our website:

www.fieldstudies.org/pages/73_affiliation_with_sfs.cfm

YES

Approval from your home institution to participate in an SFS program will most likely be required if you attend an SFS Affiliate school. SEMESTER and SUMMER applicants will need to have Part II of this form completed by the designated SFS Affiliate Representative on your campus. See page 31 for Affiliate schools and representatives.

NO

Approval from your home institution to participate in an SFS SEMESTER program is required. Part II of this form must be completed by an official from your campus Study Abroad office.

SUMMER applicants: please submit Part I of this form to SFS. It is your responsibility to check with your school to determine whether prior approval is needed, in which case Part II must also be completed.

TRANSCRIPT RELEASE INFORMATION

SFS Affiliate institution students must have the Affiliate Representative complete the following *Transcript Release Information*. SFS will send one official copy of your transcript to the address below. An unofficial copy will be sent to your permanent address.

Non-Affiliated institution students will automatically receive one official and one unofficial Boston University transcript 6-8 weeks following the conclusion of the program. It will then be your responsibility to deliver the official copy to the appropriate office at your home institution. If you prefer that your transcript be sent directly to your home institution, or if your institution requires that the transcript be sent directly to them, please complete the *Transcript Release Information* below.

I, _____, give Home Institution Official to Receive Grades/Transcript:
The School for Field Studies permission to release my grades
(or official BU transcript), directly to my home institution.

SIGNATURE

DATE

NAME

TITLE

INSTITUTION

ADDRESS

CITY

STATE

ZIP CODE

PART II: TO BE COMPLETED BY AFFILIATE REPRESENTATIVE OR STUDY ABROAD PROFESSIONAL

Please return this completed form to SFS or to your student as soon as possible so that we can begin reviewing this student's application. SFS is a non-profit environmental study abroad organization offering undergraduate courses which are accredited by Boston University.

The School for Field Studies
10 Federal Street, Suite 24. Salem MA 01970-3876
F 978.741.3551

To the best of your knowledge, has this student ever been on academic or disciplinary probation? Yes No

Has this student obtained the necessary approval from your institution to study abroad?

Yes Approval not required If No, please explain

Will credits earned by this student in an SFS program be accepted towards their degree program at your institution?

- Yes, transfer credit is guaranteed.
- Yes, but final approval cannot be granted until after the student completes the program.
- Yes, but subject to the following conditions:

No, for the following reasons:

If you have any additional comments pertaining to this student's application, please contact the SFS Admissions Office at 800.989.4418 or email: admissions@fieldstudies.org. If you prefer to respond here, please attach a sheet of paper to this form or use the space below:

YOUR CONTACT INFORMATION:

NAME TITLE

OFFICE

INSTITUTION

STREET ADDRESS

CITY

STATE

ZIP

SFS will bill students directly for all program costs unless special arrangements have been made between SFS and your school. If you would like to update your billing arrangement with SFS, please explain below:

SFS will send email notification if this student is accepted into our program. Please indicate the name and email address to which we should direct this notification:

FIRST NAME

LAST NAME

EMAIL

Please do not send us email notification of this student's acceptance.

YOUR SIGNATURE



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