# ASSOCIATED COLLEGES OF THE MIDWEST
## TROPICAL FIELD RESEARCH PROGRAM

### General Instructions to Applicant

1. Please print or type your answers, obtain required signatures on the cover page and release, and return these materials, **in quintuplicate** (original plus four copies), to the Program Advisor.
2. Have your Registrar give a copy of your academic record, to be submitted with your application, to the Program Advisor.
3. Obtain three letters of recommendation. At least two should be from faculty members at your college, one from a professor in an area pertinent to the program’s academic content and one from your Spanish instructor. The third could be from an academic administrator or other college faculty member who knows you well.
4. All of these steps should be completed well before your campus deadline so that the Program Advisor can send all your application materials to the ACM Chicago Office on time. **ALL MATERIALS SHOULD BE SUBMITTED IN QUINTUPLICATE.**
5. If you are not enrolled at an ACM college, please send all materials directly to: ACM, 205 West Wacker Drive, Suite 1300, Chicago, IL 60606.

### Personal & Academic Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-Mail Address</th>
<th>Country of Citizenship</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>College</th>
<th>Major Field</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Your Address at College</th>
<th>Anticipated academic standing when program begins:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anticipated Year of Graduation</th>
<th>Cumulative GPA (on a 4.0 scale)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Parents or Guardians</th>
<th>Person to be notified in case of emergency</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>Address (if different from home address)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Day Telephone</th>
<th>Evening Telephone</th>
<th>Day Telephone</th>
<th>Evening Telephone</th>
</tr>
</thead>
</table>

If you will be off-campus, where can we contact you during the application process? Give an address, phone number and specific dates.

### References

1. Name | Title & Dept

2. Name | Title & Dept

3. Name | Title & Dept

### Required Signatures

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Academic Advisor*</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Academic Dean**</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dean of Students***</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

* Your signature will affirm that this program is consonant with the applicant’s academic program.

** Or Off-Campus Programs Officer. Your signature will certify that the appropriate academic body has approved the student’s candidacy for the program.

*** Or equivalent. Your signature will indicate that to the best of your knowledge the applicant has demonstrated sufficient emotional stability and maturity to participate in an off-campus program requiring adjustment to a different environment and intensive interaction within a small group of students.
TROPICAL FIELD RESEARCH PROGRAM (SPRING)

Please briefly answer the following questions on additional paper. Be sure to number your responses and attach the additional sheets to the application form.

Academic Background

1. Describe your reasons for wanting to participate in this program. (one or two paragraphs)

2. List all courses not on your transcript that you will have completed before the beginning of the program.

3. List any courses you have taken involving statistics, quantitative data analysis, and/or research methodology in the discipline in which you plan to do field study in Costa Rica. If you plan a project in the humanities, list relevant courses in art, literature, etc.

4. Have you participated in an independent study program or a research project? If so, please describe your experience. (one or two paragraphs)

Spanish Language and Culture

5. How much formal and informal study of Spanish have you had? Where and when?

6. Have you traveled or lived in a Spanish speaking country? If so, where and for how long?

7. What course work and reading have you done on Latin America?

Other Information

8. Have you ever worked with or lived among people quite unlike yourself? If so, please discuss the circumstances and your adjustment to them.

9. List any honors or scholastic awards, and any other extracurricular activities, positions, or awards.

10. Do you have any health problems about which we should be informed like food restrictions, allergies, special medications, or disabilities?

Research: Choosing a research topic can be a complicated process. The emphasis of this program is on independent field research, and you are strongly urged to consult appropriate faculty members on your home campus about a project before you leave for Costa Rica. You should also review the advisor's copy of the Tropical Field Research Bibliography and the current list of research projects and spring advisors so you have an idea of the range of projects it might be possible to pursue. Though the program staff can sometimes find an advisor whose expertise matches a special research interest, in general students have to choose projects that match the interests and ongoing projects of the current advisors.

11. Please outline a preliminary proposal describing the kind of field research you would like to do and indicating the professor(s) you have consulted. You might want to discuss more than one possibility since projects depend on the availability of advisors. (one page)

12. Describe the course work, field research, and informal study (books, films, articles, etc.) you have been doing to prepare for a semester in Costa Rica. What attracts you to a fieldwork experience? What strengths, talents, interests, and general background do you have which would make you a good candidate for this kind of research? (one or two paragraphs)
ACM TROPICAL FIELD RESEARCH
Academic Program Recommendation

Applicant __________________________  Program Advisor __________________________

Please use the opposite side of this page or a separate sheet of paper, and number your responses.

Your candid assessment of the strengths of this student’s application to the ACM Tropical Field Research Program will weigh heavily in the Selection Committee’s final decision. Please consider your answers carefully; if possible, read the student’s completed application and review the objectives of the program outlined in the current program brochure or webpage at http://www.acm.edu/tfr.

How long have you known this student? __________________________

In what capacity? __________________________

1. Does the applicant have valid educational reasons for participating in this program? Please elaborate.

2. Will the applicant be adequately prepared for field research in Latin America through formal academic work (e.g., Spanish, statistics, quantitative data analysis, research methodology in his or her major discipline)?

3. Is the student making adequate preparation for a specific research project in his or her major field?

4. What is your general estimate of the applicant’s intellectual ability, academic motivation and consistency of effort?

5. Does the applicant have any particular strengths which will likely be assets to the program?

6. This off-campus research program requires emotional maturity, self-discipline, initiative, and a certain amount of physical stamina. What difficulties, if any, might the applicant experience with regards to this program?

7. Please add any comments you believe will be helpful to the Selection Committee.

Referee’s Name (please type or print) __________________________

Signature __________________________  Title/Department __________________________

College __________________________  Date __________________________

Acknowledgment of this report will not be possible, but please accept in advance the thanks of the members of the Selection Committee.

Please return this form to the Program Advisor.

revised 2002
ACM TROPICAL FIELD RESEARCH
Language Evaluation

Applicant ___________________________ Program Advisor ___________________________

Please use the opposite side of this page or a separate sheet, and number your responses.

Your candid assessment of the strengths of this student's application to the ACM Tropical Field Research Program will weigh heavily in the Selection Committee's final decision. Please consider your answers carefully; if possible, read the student's completed application and review the objectives of the program outlined in the current program brochure and webpage at http://www.acm.edu/tfr.

1. How long have you known this student? In what capacity?

2. Please comment on the candidate's skill in Spanish. How many college Spanish courses--and at what level--has the applicant taken?

3. How does the applicant compare with other Spanish students at the same level? Circle the appropriate response:
   
   Written Comprehension: Very Strong Strong Average Weak
   Oral comprehension: Very Strong Strong Average Weak
   Speaking: Very Strong Strong Average Weak
   Writing: Very Strong Strong Average Weak

4. Are you aware of other experiences which have contributed to the candidate's knowledge of and ability to use Spanish? Consider languages spoken at home, high school Spanish, study and/or travel abroad, volunteer work with Spanish speakers, etc.

5. Please comment on the applicant's language learning ability and performance in the classroom.

6. Does the applicant have the language skills necessary for a successful field research experience in Costa Rica?

6. Please offer any other comments you believe would help the Selection Committee assess the applicant's ability or motivation to use Spanish and to participate on this program.

Referees's Name (please type or print) ___________________________

Signature __________________________________ Date _________________

Title/Department ___________________________ College ________________

Acknowledgment of this report will not be possible, but please accept in advance the thanks of the members of the Selection Committee.

Please return this form to the Program Advisor.
AGREEMENT AND RELEASE

THIS IS A RELEASE -- READ IT CAREFULLY

The undersigned, being a student at __________________________ College, and applying for participation in the off-campus Tropical Field Research Program of the Associated Colleges of the Midwest (the “Program”), and having the opportunity to gain certain academic credit through participation in such Program, and in consideration of one dollar ($ 1.00) and other good and valuable consideration receipt of which, as one portion of the program fee, is hereby acknowledged; hereby agrees and forever releases the Associated Colleges of the Midwest and each of them, and any officer, director, staff, employee, servant, representative, trustee, insurers, heirs, executors, administrators, successors and assigns, and or agent thereof (“ACM”) of and from any and all liability for any act or omission of any kind or character whatsoever and releases them from any and all costs, damages and claims or assertions of any kind which the undersigned or any of my heirs, successors or assigns may at any time claim or otherwise assert against them and specifically without limitation agree as follows:

1. The program director has the unlimited authority to establish rules concerning the operation of the Program and should the director decide that a student must be separated from the Program because of any violation of such rules, for behavior deemed disruptive to the Program, or for any conduct which could adversely impact the Program that such decision will be final and unappealable;

2. Program tuition covers educational costs of the program, such as staff salaries. Because these costs are fixed, once participation in the program has started, tuition refunds will be strictly limited, and will be made in accordance with the policy on the home campus. Such participation shall be defined as either the day students arrive on the program site or begin group travel;

3. The undersigned hereby releases ACM, any member college, any officer, director, staff, employee, servant, representative, trustee, insurers, heirs, executors, administrators, successors and assigns and or agent, thereof, from any and all personal injury to myself or any damage to, or loss of any personal property caused by acts or omissions of anyone, including but not limited to hotels, carriers, fellow students, restaurants, educational organizations, persons, groups or organizations, including but not limited to ACM, relating to or arising out of the work or study in any ACM program.

I have read the foregoing Agreement and Release, fully understand it and I accept the conditions stated therein.

Signature of Student __________________________ Date __________________________

Name of Student __________________________ Social Security Number __________________________

(please turn over)
AGREEMENT AND RELEASE WITH INDEMNIFICATION AGREEMENT

THIS IS A RELEASE -- READ IT VERY CAREFULLY

In conducting academic programs, the Associated Colleges of the Midwest makes every effort to protect the welfare and safety of the participants. However, ACM cannot assume responsibility for damage to or loss of property, personal illness or injury, or death while a participant is on the program, nor can ACM assume responsibility for participants. We therefore require each applicant and his/her parent or guardian to sign the following statements as an indication that this position is understood and accepted.

The undersigned, being the parent, guardian or other legal representative of ____________________________ (the "Student"), a student at ____________________________ College (the “College”), who has sought and received my permission to participate in the Tropical Field Research Program (the “Program”) of the Associated Colleges of the Midwest (“ACM”), which I understand will necessitate the travel of my child from ____________________________ to San José, Costa Rica to participate in such Program, hereby agrees and releases and forever discharges the College and ACM and all their officers, directors, staffs, employees, trustees, servants, representatives, insurers, heirs, executors, administrators, successors and assigns, and or agents of and from any and all liability of any kind or character whatsoever to me or my heirs, successors or assigns with respect to any act or omission by ACM to the participation of the Student in the Program.

I further agree that I will indemnify, defend and hold harmless ACM, the College, their officers, directors, staffs, employees, servants, representatives, trustees, insurers, heirs, executors, administrators, successors and assigns, and agents from any and all claims of any nature whatsoever made by anyone which in any way arise out of or in any way related to any activity of the Student in participation of the Program.

I have read and understand the terms and conditions of this Agreement, Indemnification and Release, and I agree and subscribe to them. My signature below also signifies that the Student has sufficient health, accident, disability and hospitalization insurance to cover him/her during participation in the Program, and that I expect and recognize that none of the fee paid for this Program goes toward the payment of such insurance, and that neither ACM nor the College has an obligation to provide any insurance related to the Student.

I further state that I have read the terms of the Agreement and Release attached hereto (over), that has been signed by the Student with my permission, and that I understand fully said agreement and agree to be bound by the same terms and conditions as if I myself had signed the Release and Agreement.

________________________________________                  ________________
Signature of Parent, Guardian or Other Legal                  Date
Representative of Student

Please return this form with the application form.
Thank you very much for your cooperation.