ASSOCIATED COLLEGES OF THE MIDWEST
URBAN STUDIES 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 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. If possible, at least one faculty recommendation should be from a professor in an area pertinent to the program’s academic content. 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 Urban Studies Office on time.
5. If you are not enrolled at an ACM college, please send all materials directly to: ACM Urban Studies Program, 314 W. Institute Place, Chicago, IL 60610.

Personal & Academic Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
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<tbody>
<tr>
<td>E-Mail Address</td>
<td>Country of Citizenship</td>
<td>Social Security Number</td>
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<tr>
<td>College</td>
<td>Major Field</td>
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<tr>
<td>Your Address at College</td>
<td>Semester and year for which you are applying:</td>
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<td></td>
<td>Fall, ________ Spring, __________</td>
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<tr>
<td>City State Zip</td>
<td>Anticipated academic standing when program begins:</td>
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<td>( ) ( )</td>
<td>_______Freshman _______Sophomore _______Junior _______Senior</td>
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<tr>
<td>Day Telephone Evening</td>
<td>Anticipated Year of Graduation</td>
<td>Cumulative GPA (on a 4.0 scale)</td>
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<td>Telephone</td>
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<tr>
<td>Name of Parents or</td>
<td>Person to be notified in case of emergency</td>
<td>Address (if different from home address)</td>
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<tr>
<td>Guardians</td>
<td></td>
<td>City State Zip</td>
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<tr>
<td>Home Address</td>
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<td>Day Telephone Evening Telephone</td>
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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>
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<tbody>
<tr>
<td>Applicant’s Academic Advisor*</td>
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<tr>
<td>Print Name Date</td>
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<tr>
<td>Academic Dean**</td>
<td></td>
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<tr>
<td>Print Name Date</td>
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<tr>
<td>Dean of Students***</td>
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<td>Print Name Date</td>
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</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.
Please briefly answer the following questions on an additional sheet of paper. Be sure to number your responses and attach the additional sheets to the application form.

Academic Background

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

2. What particular strengths do you have which might contribute to successful participation in the program? (e.g., academic background, work experience, extracurricular activities)

3. Have you participated in an independent study program or research project? If so, please describe the work and its end product.

4. List any scholastic honors or awards.

5. List any other extracurricular activities, positions, or awards.

Other Information

6. Do you have any health problems about which we should be informed like food restrictions, allergies, special medications, or disabilities? If yes, please describe your requirements.

7. Program dates for which you are applying (check one):
   ___ Fall Semester, ________________
   ___ Spring Semester, ________________

   If you are not accepted for this period, can you attend the subsequent term? If not, please explain.
   ___ Yes  ___ No  ___ Not sure

Essays

Please answer the following essay question on a separate sheet of paper. Essays should be about 300 words, typed and proofread, and reflect the depth of your interest in this program.

1. Describe your reasons for wishing to participate in the ACM Urban Studies Program. Be sure to mention any special interests (whether or not directly related to the program’s content) that you would plan to pursue during your stay in Chicago.
ACM URBAN STUDIES PROGRAM
Academic Program Recommendation

Applicant's Name ___________________________  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 Urban Studies 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/urbanstudy.

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 the program through formal academic work?

3. What is your general estimate of the applicant's intellectual ability and motivation?

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

5. Off-campus programs require emotional maturity, self-discipline, initiative, and a certain amount of physical stamina. Participants must be able to adjust to different cultural influences, function as an active member of a group without generating friction, keep up with a rigorous schedule, take some initiative in using free-time effectively, and maintain academic study habits in an off-campus situation. What difficulties, if any, might the applicant experience with regards to this program?

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

Referee's Name (please type or print) _______________________________________________________

__________________________________________  ____________________________________________
Signature  Department or Title

__________________________________________  ______________________________
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.

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AGREEMENT AND RELEASE

THIS IS A RELEASE -- READ IT CAREFULLY

The undersigned, being a student at __________________________ College, and applying for participation in the Urban Studies Program off-campus 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 (Please Print)  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 ____________________________ (the “College”), who has sought and received my permission to participate in the ________________ (the “Program”) of the Associated Colleges of the Midwest (“ACM”), which I understand will necessitate the travel of my child from ____________________________ to ____________________________, 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 Representative of Student

________________________________________________________________________
Date

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

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