



## OFF-CAMPUS PROGRAMS Application for Mediterranean Semester, Spring 2011

Application Deadline: *February 10, 2010, 5pm OCP Office*

### BIOGRAPHICAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mail Box: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Westmont E-mail: \_\_\_\_\_ Other/Personal E-mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street

City

State

Zip

Parent/Guardian Name (Emergency Contact): \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_ If no, country of citizenship: \_\_\_\_\_

If not a U.S. citizen, are you a permanent U.S. resident? \_\_\_\_\_

Full Name as Issued on your passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Passport Agency/Authority: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

### ACADEMIC INFORMATION

Current Class Standing: Fr. So. Jr. Sr. Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

### ESSAY QUESTIONS

*This is an important part of your application. Take time to answer each question thoughtfully and honestly. Each response should be approximately one paragraph (half page) in length. Attach your type-written answers to this application. Please double-space and number each essay.*

1. Why do you want to participate in Mediterranean Semester? What are your educational goals for the program? How will these goals contribute to your overall Christian liberal arts education at Westmont?
2. What are you most looking forward to? What are your apprehensions?
3. What skills, gifts, knowledge or experience do you bring with you that might contribute to the group and enhance the trip? (E.g., foreign language, travel experience, outdoor recreation skills, first-aid, leadership experience, relational skills, pastoral gifts, musical ability, photography, video/web technology, cultural background/diversity/sensitivity, relevant coursework.)
4. Will you be on campus and available during the prior semester (fall, 2010) for a 2-unit orientation course? (Days/time TBD.) If not, please give the reason (e.g., off-campus program).

**ADVISOR'S APPROVAL FOR PARTICIPATION IN THE PROGRAM**

Advisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT LIFE CLEARANCE**

*(Please bring this form to the Student Life Office, Kerrwood)*

- This student has not received a disciplinary sanction from the Student Life Office.
- This student has received a disciplinary sanction(s) from the Student Life Office. For further information, please contact us.
- This student is currently on disciplinary probation. For further information, please contact us.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**RECORDS OFFICE APPROVAL**

(To be filled out by the Records Office)

- Applicant has at least a 2.3 gpa—please circle YES NO
- If the student will complete 59 units by the end of the current semester, he or she has officially declared major(s) and minor(s).
- If the student will complete 70 units by the end of the current semester, he or she has requested an Application for Degree for every major and minor planned. Forms must be submitted to the Records Office prior to your departure abroad.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING, PERMISSION FOR RELEASE OF INFORMATION, AND WITHDRAWAL DEADLINES**

1. I certify the information given on this application to be correct and I agree to abide by all the rules, regulations, and requirements of Westmont College and the Off-Campus Programs Department.
2. I understand that my participation in an Off-Campus Program is conditional upon (a) obtaining medical clearance, (b) maintaining satisfactory academic standing in Westmont College, (c) my application being reviewed and approved by those responsible for selection. It may also be contingent on the availability of appropriate facilities or services at the host institution to provide for any special health conditions I may have.
3. I hereby permit Off-Campus Programs to make the information contained in this set of application papers available to the parties directly involved in my placement in a host institution and to government agencies, such as consulates, for visa purposes.
4. I hereby authorize the registrar to release my academic records to Off-Campus Programs as required.
5. I hereby authorize those parties involved in my admission to an off-campus program to consult with the Student Life Department regarding my record as a member of the community.
6. I understand that if I wish to restrict disclosure of "directory" information, which is normally released by Off-Campus Programs without student consent, I must notify Off-Campus Programs in writing.
7. I understand that Off-Campus Programs students remain eligible for Westmont financial aid. Financial aid includes, but is not limited to, Title IV Federal Aid programs (with the exception of Federal Work Study) based on the student's financial need. In addition, I understand that Westmont grants and loans may only be used once for approved programs other than the Europe, England, Mexico and SF Urban Westmont programs.
8. I understand that I must be cleared with the Business Office and Chaplain's Office to register for the semester in question in order to participate in this Off-Campus Program as a Westmont student.
9. I have discussed my participation in this program with my academic advisor and have made the plans necessary to complete all parts of the general education and major program without special accommodation by Westmont College.
10. I understand that I may not enroll in two programs in consecutive semesters.
11. I understand that Westmont College will follow the grading policies (e.g. regarding pass/no pass availability, withdrawal deadlines) of the off campus program
12. I understand that if I end up changing my classes once I arrive at the program, I must contact my advisor and the records office immediately ([records@westmont.edu](mailto:records@westmont.edu)) to receive approval for any changes.
13. I understand that students enrolling in an off-campus program are subject to all of the same registration deadlines and eligibility requirements as apply for on-campus registration.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return all forms to the Off-Campus Programs Office no later than February 10, 2010.**



## Mediterranean Semester, Spring 2011

### Faculty Recommendation

Application deadline: February 10

For the student to be fairly considered, it is vital that all recommendations be in by the deadline.

Applicant: Please fill out this portion and give to reference:

Applicant's Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Circle One: I agree or do not agree to waive my right to access this reference

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. How long have you known the applicant?

2. Please indicate how well you know the applicant:

Very Well

Moderately Well

Limited Contact

3. Please indicate this student's academic competencies. Comment on areas such as intellectual curiosity, academic motivation, capacity for critical thinking, respect for others with different viewpoints, willingness to assume personal responsibility for own learning:

4. Please indicate any other factors, which should be taken account of in considering this student's application (spiritual, social, emotional, physical condition, etc.) Please include any suggestions which would be helpful for our faculty in working with this student:

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Dept/ Org.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PLEASE RETURN TO:

Off-Campus Programs Office, Westmont College, 955 La Paz Rd, Santa Barbara, CA 93108. Fax: 805-565-7142.



## Mediterranean Semester, Spring 2011

### Personal Recommendation

Application deadline: February 10, 2010  
For the student to be fairly considered, it is vital that all recommendations be in by the deadline.

Applicant: Please fill out this portion and give to reference:

Applicant's Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Title: \_\_\_\_\_

Circle One: I agree or do not agree to waive my right to access this reference

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. How long and in what capacity have you known the applicant?
2. Please indicate the student's emotional maturity and adaptability. Comment on areas such as: adaptability to new situations, interpersonal skill, emotional maturity, self-confidence/self-esteem, ability to function as part of a group, skill in self-appraisal, initiative, leadership abilities, capacity for relating to those with differing beliefs or values.
3. Describe this student's level of Christian maturity, commitment and understanding:
4. Additional remarks or other issues we should be aware of. Please include any suggestions, which would be helpful for our faculty in working with this student.

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Dept/ Org.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PLEASE RETURN TO:

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