



**OFF-CAMPUS PROGRAMS**  
***Microfinance in China***  
**Mayterm 2008 Application**

www.westmont.edu/ocp

**Application Deadline: November 30 at 5PM**

**BIOGRAPHICAL INFORMATION**

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

Student ID: \_\_\_\_\_ Social Security: \_\_\_\_\_

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 it appears 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 page in length. Attach your type-written answers to this application. Please double-space and number each essay.*

1. Why do you want to study business, economics and microfinance in China?
2. The language and customs in China are very different than those most of us are familiar with. One of the chief constraints on Americans visiting China is to avoid drawing undue attention. Another constraint is to abide by the laws and customs of the government and to avoid proselytizing

Christianity while in China. Do you feel you can abide by such constraints while staying true to your personal convictions and objectives for the trip?

3. Why should the group choose you to go to China? In other words, what will make you an enjoyable, important, and memorable group member?

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

Advisor's Name: \_\_\_\_\_ Department: \_\_\_\_\_

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

**REFERENCE**

Name & Title: \_\_\_\_\_

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

**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: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING & PERMISSION FOR  
RELEASE OF INFORMATION**

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, (d) in certain cases, acceptance by the host institution. 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 a Mayterm 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 I must be cleared with the Business Office and Chaplain's Office to register for the program in question in order to participate in this Mayterm Program as a Westmont student.
8. 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.

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

**Please return all forms to the Off-Campus Programs Office in Kerrwood Hall no later than 5 pm on November 30th.**