CARLETON CROSS-CULTURAL PSYCHOLOGY SEMINAR IN PRAGUE, Fall 2012

Faculty Director: Ken Abrams

Application Deadline: Friday, February 10, 2012

INSTRUCTIONS FOR APPLICATION

1. The **APPLICATION** should be completed by the applicant and returned to the Psychology Department, Olin 115, by **Friday, February 10, 2012.**

- 2. The LETTERS OF REFERENCE should be given to (1) a faculty member who can assess your academic performance, motivation, and ability to work in a group, and (2) a supervisor or adviser (such as a work supervisor or major adviser) who knows your personal qualities. Leave the appropriate form with the individuals willing to write for you and request that it be returned by the application deadline. It is the responsibility of each applicant to see that all materials are submitted by the application deadline. Professor Abrams will act only on complete files.
- 3. A **TRANSCRIPT** and **DEGREE AUDIT** of your Carleton work must be supplied with this application. Download your unofficial transcript and degree audit from the Hub.
- 4. An INTERVIEW will be scheduled with Professor Abrams. Eligibility criteria that will be considered during the selection process include recommendations, satisfactory completion of academic prerequisites, GPA, personal qualities (maturity, independence, adaptability, ability to contribute to and engage with the group), and compliance with College policies.
- 5. Students will be informed in writing of decisions on their application.
- Students admitted to the seminar will be expected to confirm their intention to participate by signature on a letter of agreement due in the OCS office, Leighton 119, no later than Friday, March 30, 2012. The health assessment form will be due no later than Friday, April 13, 2012.

NOTES:

- 1. A **HEALTH FORM** is NOT required before admission to a Carleton off-campus program. On acceptance to a program, students will be asked to complete a health history to aid the faculty director in preparing an appropriate environment to deal with any current health problems and/or to help the director or others respond on your behalf should you become ill abroad.
- 2. Applicants for Carleton programs should know that the Family Educational Rights & Privacy Act prevents release of information which is professionally confidential to the Health Service or Counseling Center at Carleton but allows disclosure to faculty of information held in student files elsewhere within the College if it is determined to be of legitimate educational interest. Certain information from files in the office of the Dean of Students, for example, might be available if sought by faculty director. A student who may be concerned about any information that might affect consideration of his/her place in a Carleton program has the right to provide his/her own interpretation of that information and is urged to discuss these concerns directly with the faculty director.
- 3. Regarding **HEALTH INSURANCE**, Carleton makes the same requirement off-campus as on: that all students will carry insurance to cover them for the duration of their enrollment. If accepted into this program, Carleton's program partner, CET will provide insurance for students through HTH.
- A student with a **DISABILITY** that may affect participation should discuss necessary
 accommodations as soon as possible with the Director of Off-Campus Studies and the Coordinator
 of Disability Services.

APPLICATION

Carleton Cross-Cultural Psychology Seminar in Prague, Fall 2012 Faculty Director: Professor Ken Abrams

| | ease complete the following spaces by printi | 9 | |
|--|--|---|---|
| Na | ame | Year of Graduation | Gender |
| En | nail address | Student ID number _ | |
| Но | ome Phone Cel | Il Phone | |
| Ma | ajor (or intended major) | Citizenship | |
| Co | oncentration (or intended concentration) | | |
| 1. 2. 3. 4. 5. | Your name. List by name and term other off-campus study List the courses in which you are currently enr List the courses you plan to enroll in before de apply to your major). Note that Psyc 254 (Psyc List the name and position of the individuals w List two psychology professors who are familia | y program(s) you have gone on or intend rolled (put an "*" by the courses that will a eparture on this program (put an "*" by the chopathology) is recommended though no will complete your references. | apply to your major). E courses that will |
| | ssay questions: | • | |
| | Describe your academic and personal goals for how this program will complement your acade career aspirations. (1-2 paragraphs) | | |
| 8. | What in your background and experience (couthese goals? (1-2 paragraphs) | urses, research, travel, etc.) has helped p | repare you to attain |
| 9. | [For '14s and '15s only.] Non-seniors are requ Czech or Prague Art and Architecture (see bro in one of these courses. (1 paragraph) | | |
| "W stu ter ter | ndorsement by your faculty adviser and some have discussed this off-campus studies progradent can participate in this program and meet a rms. As of the application deadline, this student rm and understands that s/he 1) must register formedoes not have access to Carleton housing in | ram in the context of this student's acade all graduation requirements within the usu is committed to studying off-campus durior the Carleton seminar's courses and 2) | al 12 academic ng the designated |
| Ad | dviser's signature | | |
| Ρle | ease print: Name | | |
| | Department | Phone | |
| Yo | or International Students Only but must obtain the signature of the Associate Dir this seminar. | rector of International/Intercultural Life in | order to participate |
| As | ssociate Director of OIIL's signature | Date | |

All Applicants Must: Attach an unofficial transcript and degree audit, available on the HUB, to this application.

→ Return your completed application to the Psychology Department, Olin 115, no later than February 10, 2012.

CONFIDENTIAL REFERENCE FORM

Carleton Cross-Cultural Psychology Seminar in Prague, Fall 2012 Faculty Director: Professor Ken Abrams

| To be completed by the applicant: | | | | | |
|---|--|--|--|--|--|
| Applicant's Name | | | | | |
| ☐ I waive, or ☐ I do not waive my right of access to this reference form. | | | | | |
| Applicant's Signature: Date | | | | | |
| Name of Reference: Mr./Ms./Dr./Prof. | | | | | |

- 1. In what capacity have you known the student?
- 2. According to the following criteria, how would you rate the applicant?

| Attribute | Poor | Fair | Good | Very Good | Excellent | N/A |
|--------------------------------|------|------|------|--------------|-----------|-----|
| Academic ability | | | | | | |
| Academic interest & motivation | | | | | | |
| Reliability/Integrity | | | | | | |
| Level of maturity | | | | | | |
| Adaptability and initiative in | | | | | | |
| facing new situations | | | | | | |
| Self-confidence & self-esteem | | | | | | |
| Relates well to others | | | | | | |
| Emotional Stability | | | | | | |
| Open-mindedness | | | | | | |
| Ability to work independently | | | | | | |
| Ambassador/good citizen | | | | | | |
| qualities | | | | | | |

| 3. What role can y | ou imagine the | e student playing i | n a group? | |
|---------------------|-------------------|----------------------|-------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| 4. Is there anythin | a else vou wou | uld like to note abo | out the student? | |
| , | g are years | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 5. If you were a fa | culty director o | f an off-campus s | tudy program, wou | ıld you be: |
| ☐ Very Eager | ☐ Eager | ☐ Willing | ☐ Cautious | ☐ Reluctant |
| to have the app | olicant participa | te? | | |
| | | | | |
| | | | | |
| | | | | |
| Cimatina | | | Data | |
| Signature | | | Date | |
| Name (please print) | | | Phone | |

Please return this form to the Psychology Department Office, Olin 115, no later than February 10, 2012.

CONFIDENTIAL REFERENCE FORM

Carleton Cross-Cultural Psychology Seminar in Prague, Fall 2012 Faculty Director: Professor Ken Abrams

| To be completed by the applicant: | | | | | |
|---|--|--|--|--|--|
| Applicant's Name | | | | | |
| ☐ I waive, or ☐ I do not waive my right of access to this reference form. | | | | | |
| Applicant's Signature: Date | | | | | |
| Name of Reference: Mr./Ms./Dr./Prof | | | | | |

6. In what capacity have you known the student?

7. According to the following criteria, how would you rate the applicant?

| Attribute | Poor | Fair | Good | Very Good | Excellent | N/A |
|--------------------------------|------|------|------|--------------|-----------|-----|
| Academic ability | | | | | | |
| Academic interest & motivation | | | | | | |
| Reliability/Integrity | | | | | | |
| Level of maturity | | | | | | |
| Adaptability and initiative in | | | | | | |
| facing new situations | | | | | | |
| Self-confidence & self-esteem | | | | | | |
| Relates well to others | | | | | | |
| Emotional Stability | | | | | | |
| Open-mindedness | | | | | | |
| Ability to work independently | | | | | | |
| Ambassador/good citizen | | | | | | |
| qualities | | | | | | |

| Name (please print) | | Phone | |
|--------------------------------------|----------------------|-------------------|-------------|
| Signature | | Date | |
| | | | |
| to have the applicant participa | ate? | | |
| ☐ Very Eager ☐ Eager | ☐ Willing | ☐ Cautious | ☐ Reluctant |
| 10. If you were a faculty director o | of an off-campus s | tudy program, wou | uld you be: |
| | | | |
| 9. Is there anything else you wo | uld like to note abo | out the student? | |
| | | | |
| | | | |
| 8. What role can you imagine the | e student playing i | in a group? | |