INSTRUCTIONS FOR APPLICATION

1. The APPLICATION should be completed by the applicant and returned to Michael Kowalewski, Laird 210, Mailstop: 3-ENGL no later than Friday, January 14, 2011. Please use a word processor or typewriter to complete this application.

2. The LETTERS OF REFERENCE, academic and personal, should be given to (1) a faculty member who has taught you and can assess your academic performance, motivation, and ability to work in a group and (2) another person (a second faculty member, work supervisor, adviser, etc.) who knows your personal qualities. Discuss the recommendation form with your references 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 Michael Kowalewski cannot act on any file that is incomplete.

3. A current TRANSCRIPT and a DEGREE AUDIT must be attached to this application. Download your transcript and degree audit from the Hub.

4. A short personal INTERVIEW will be scheduled with Professor Kowalewski. Eligibility criteria that will be considered during the selection process include faculty recommendations, satisfactory completion of academic prerequisites, GPA, academic and personal reasons for participation, personal qualities (maturity, independence, adaptability, ability to contribute to and engage with the group, flexibility, ability to deal with stress, physical stamina, conscientiousness, and a sense of humor), class year preference, and compliance with College policies.

5. Students will be informed in writing of decisions on their application.

6. Students admitted to the seminar will be expected to confirm their intention to participate by signature on a letter of agreement, due no later than Friday, February 18, 2011. The health form will be due no later than Friday, April 15, 2011.

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 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, you will be required to ascertain that your current insurance will cover you abroad and to take out additional coverage for the period of the seminar if it does not.

4. A student with a DISABILITY that may affect participation should discuss necessary accommodations as soon as possible with the Academic Accommodations Coordinator and the seminar faculty director.
APPLICATION
CARLETON IRISH STUDIES IN IRELAND
Professor Michael Kowalewski
Summer 2011

Please complete the following spaces by printing clearly:

Name _________________________________________ Year of Graduation ______ M/F_______

Permanent address (City, State, Zip & Country) ________________________________________________

_________________________________________________________________________ Home phone _________________

Email address ____________________________ Student ID number ____________________

Major (or intended major) _____________________________ Citizenship____________________

Please answer the following questions on a separate piece of paper, Be sure to number your answers to correspond with the numbers below:

1. Your name.
2. List by name and term other off-campus study program(s) you have gone on or intend to go on.
3. List the courses in which you are currently enrolled (put an "***" by the courses that will apply to your major).
4. List the courses you plan to enroll in before departure on this program (put an "***" by the courses that will apply to your major).
5. List the name and department of the Carleton faculty member who will complete your academic reference, and the name, title, and phone number of the person who will complete your personal reference (see attached forms).

Essay questions:
6. Describe any international travel experience you have had. What is your previous experience with Ireland or Irish literature?
7. Why Ireland? What academic and personal goals do you have for the Ireland program? How does this particular program contribute to your major?
8. What in your background, academic program, and personality has prepared you to attain these goals? What are the challenges you might face?
9. What do you believe you would contribute to this off-campus studies group?

Endorsement by your faculty adviser and signature:
"We have discussed this off-campus studies program in the context of this student's academic goals. This student can participate in this program and meet all graduation requirements within the usual 12 academic terms. As of the application deadline, this student is committed to studying off-campus during the designated term and understands that he/she 1) must register for the Carleton seminar's courses and 2) must take a leave of absence winter term 2012 unless an exception is granted by the Academic Standing Committee."

Adviser's signature

Please print: Name ____________________________Department __________________ Phone _______

For international students only
You must obtain the signature of the Associate Director of International/Intercultural Life in order to participate in a program of off-campus study.

Associate Director of OiIL's signature __________________________ Date _____________

➜ Attach an unofficial transcript and a degree audit to this application, available on the Hub
➜ Return your completed application to Michael Kowalewski, Laird 210, Mailstop: 3-ENGLISH no later than Friday, January 14, 2011
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 Referee: Mr./Ms./Dr./Prof. ______________________________________

1. Is your recommendation based primarily on (check all that apply):

☐ Coursework
☐ Some personal contact
☐ Significant personal contact

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

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>N/A</th>
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<td>Academic ability</td>
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<td>Academic interest &amp; motivation</td>
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<td>Reliability/Integrity</td>
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<td>Level of maturity</td>
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<td>Adaptability and initiative in facing new situations</td>
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3. What role can you imagine the student playing in a group?

4. Is there anything else you would like to note about the student?

5. If you were a faculty director of an off-campus study program, would you be:

   □ Eager       □ Willing       □ Cautious       □ Reluctant

to have the applicant participate?

_______________________________________________    __________________
Signature                                      Date

_______________________________________________    __________________
Name (please print)                      Phone

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_________ to have the applicant participate?

_______________________________________________    __________________
    Signature                                                Date

_______________________________________________    ________
    Name (please print)                                      Phone

Please send this form to Michael Kowalewski, Laird 210, Mailstop: 3-ENGLSH no later than

Friday, January 14, 2011