INSTRUCTIONS FOR APPLICATION

1. The APPLICATION should be completed by the student and returned to Tami Little, Goodsell Observatory 102, (Mailstop: 2-GDSELL) by Monday, April 15, 2013. Please use a word processor to complete this application.

2. Two LETTERS OF REFERENCE, one academic and one personal, should be given to (1) a faculty member (other than the program director) who can assess your academic performance, motivation, and ability to work in a group and (2) another person (work supervisor, resident adviser, high school counselor, etc.) who knows your personal qualities well. Leave the appropriate form with the faculty member willing to write for you with an envelope addressed to Tami Little (above); request return by the application deadline. It is the responsibility of each applicant to see that all materials are in place by the application deadline. Professor Flynn cannot act on any file that is incomplete.

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

4. A short personal INTERVIEW will be scheduled with Professor Michael Flynn. Eligibility criteria that will be considered during the selection process include faculty recommendations, satisfactory completion of academic prerequisites and fulfillment of courses as outlined in this application, GPA, academic and personal reasons for participation, personal qualities (maturity, independence, adaptability, ability to contribute to and engage with the group, willingness to initiate intercultural opportunities, flexibility, ability to deal with stress, a sense of humor, physical stamina), and compliance with College policies.

5. Students will be informed in writing of a decision 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, September 20, 2013. The health assessment form is due no later than Friday, January 24, 2014.

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 that is professionally confidential to the Health Service or Counseling Center at Carleton, but it allows disclosure to faculty of information held in student files elsewhere within the College if that information 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 the faculty director. A student who may be concerned about 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 in Japan or to take 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
JAPANESE LINGUISTICS & CULTURE SEMINAR IN KYOTO, JAPAN
Professor Michael Flynn
Carleton OCS Seminar, Spring 2014

Return your completed application no later than April 15, 2013
to Tami Little, Goodsell Observatory 102, (mailstop: 2-GDSELL)

1. 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__________________________

2. Please answer the following questions and essay questions, typed 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 and position of the person completing your personal reference (see enclosed).

Essay questions:

1. Have you been to Asia before? If so, briefly describe your experience there.
2. What is it about the Kyoto program that attracts you?
3. The food in Japan is rather different than it is here in America. (The director’s favorite sushi is sea urchin egg paste.) Describe your stance toward food.
4. It isn’t necessary that you know very much about Japan at this point. Even so, and keeping in mind that ignorance is tolerable at this point, please say something about what you know, be it manga, film, literature, fashion, food, sumo wrestling or whatever.
5. Describe your academic and personal goals for the program.
6. What things, aside from academics, do you think you can contribute to the program?

3. Attach an unofficial transcript and degree audit, available on the HUB, to this application.
**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.”

ADRiser’s signature

**Please print:** Name ____________________________________________________________

Department ________________________________ Phone ________________

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**For International Students Only**

You must obtain the signature of the Director of International Student Programs in order to participate in a program of off-campus study.

**Director of International Student Programs signature**

_________________________________________ Date __________

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 وإذا Remember to attach an unofficial transcript and a degree audit, available on the HUB, to this application.

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Return your completed application no later than April 15, 2013 to Tami Little, Goodsell Observatory 102, (mailstop: 2-GDSELL)
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?

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<thead>
<tr>
<th>Attribute</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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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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