INSTRUCTIONS FOR APPLICATION

1. The **APPLICATION** should be completed by the applicant and returned to the Psychology Department, Olin 115, by **February 12, 2010**.

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 (work supervisor, major adviser, resident adviser, etc.) 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 not act on any file that is incomplete.**

3. A **TRANSCRIPT** and **DEGREE AUDIT** of your Carleton work must be supplied with this application. Download your transcript and degree audit from the Hub.

4. 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.

5. A personal **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.

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

7. 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, April 2, 2010**. The health assessment form will be due no later than the **Friday, April 16, 2010**.

**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. 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.

3. 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 CROSS-CULTURAL PSYCHOLOGY SEMINAR IN PRAGUE
Professor Ken Abrams
Fall 2010

Please complete the following by printing clearly:

Name ____________________________________ Year of Graduation ______ M/F ______

Email address ___________________________ Student ID number ______________________

Major (or intended major) __________________________ Citizenship ______________________

Please type responses to the following questions. 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). Note that Psyc 254 (Psychopathology) is recommended though not required.
5. List the name and position of the individuals who will complete your references.
6. List two psychology professors who are familiar with your work.

Essay questions:

7. Describe your academic and personal goals for participating in the Prague program. Be sure to discuss how this program will complement your academic interests and how it might enhance your long-term career aspirations. (1-2 paragraphs)

8. What in your background and experience (courses, research, travel, etc.) has helped prepare you to attain these goals? (1-2 paragraphs)

9. Students are required to choose for their elective course either Elementary Czech or Modern Art in the Czech Lands (see brochure for course descriptions). Please describe your interest level in one of these courses. (1 paragraph)

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.

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 degree audit, available on the Hub

Return your completed application to the Psychology Department, Olin 115, no later than February 12, 2010.
CONFIDENTIAL REFERENCE FORM
CARLETON CROSS-CULTURAL PSYCHOLOGY SEMINAR IN PRAGUE
Director: Professor Ken Abrams
Fall 2010

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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<th>Attribute</th>
<th>Poor</th>
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<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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Director: Professor Ken Abrams
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