CROSS-CULTURAL PSYCHOLOGY IN PRAGUE
Carleton OCS Seminar, fall 2014
Faculty Director: Ken Abrams
Application Deadline: Friday, February 7, 2014

INSTRUCTIONS FOR APPLICATION

1. The APPLICATION should be completed by the applicant and returned to the Psychology Department, Olin 115, by Friday, February 7, 2014.

2. REFERENCE FORMS
   a. The Academic Reference Form should be given to a faculty member who can assess your academic performance, motivation, and ability to work in a group.
   b. The Personal Reference Form should be given to another person (a second faculty member, academic adviser, work supervisor, resident adviser, coach etc.) who knows your personal qualities.

   Leave the appropriate form with the person 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 applications.

3. A TRANSCRIPT and a PROGRAM EVALUATION (Degree Audit) of your Carleton work-to-date must be supplied with this application. Transcripts and audits can be downloaded 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 Carleton 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 in the OCS office, Leighton 119, no later than Friday, April 4, 2014. The health assessment form will be due no later than Friday, April 18, 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 which is professionally confidential to Student Health and Counseling 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 directors. 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.

4. 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

Cross-Cultural Psychology in Prague
Carleton OCS Seminar, fall 2014
Faculty Director: Professor Ken Abrams

1. Please complete the following spaces by printing clearly:

Name _____________________________________________ Student ID Number __________
Year of Graduation ______ Gender____ Citizenship ______________________
Email address ________________________________________
Home Phone _________________________ Cell Phone _________________________
Major (or intended major) ________________________________
Concentration (or intended concentration) ____________________________

2. Please answer the following questions and essay questions, typed on a separate sheet of paper. Be sure to number each of your responses to correspond with the numbers below.

Part 1 – Academic Background Questions
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.

Part 2 - 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. [For ‘16s and ‘17s only.] Non-seniors are required to choose for their elective course either Elementary Czech or Prague Art and Architecture (see brochure for course descriptions). Please describe your interest in one of these courses. (1 paragraph)
3. **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 s/he 1) must register for the Carleton seminar’s courses and 2) understands that s/he does not have access to Carleton housing in Northfield during that term.”

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 this seminar.

__________________________________________ Date

Associate Director of OIIL’s signature

4. **All applicants MUST attach an unofficial transcript and program evaluation (degree audit), available on the HUB, to this application.**

⇒ Return your completed application to the Psychology Department, Olin 115, no later than February 7, 2014.
CONFIDENTIAL ACADEMIC REFERENCE FORM

Cross-Cultural Psychology in Prague
Carleton OCS Seminar, Fall 2014
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?

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Academic skills (reading, writing, research, presentations)</td>
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<td>Ability to grasp new concepts/information</td>
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<td>Curiosity &amp; intellectual motivation</td>
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<td>Open-mindedness</td>
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<td>Work ethic</td>
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<td>Organization/Time Management</td>
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<td>Ability to collaborate on projects</td>
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<td>Ability to work independently</td>
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<td>Flexibility and adaptability</td>
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<td>Emotional Maturity</td>
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<td>Ambassador/good citizen qualities</td>
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</table>
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:

   □ Very Eager   □ Eager       □ Willing       □ Cautious       □ Reluctant

   to have the applicant participate?

Signature  

Date

Name - please print  

Phone

 ➔Please return this form to the Psychology Department Office, Olin 115,  
   no later than February 7, 2014.
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:
   - ☐ Some personal contact
   - ☐ Significant personal contact

2. Relationship to Applicant? _________________________________

3. 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>Very Good</th>
<th>Excellent</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Intellectual curiosity</td>
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<td>Reliability/Integrity</td>
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<td>Personal maturity and responsibility</td>
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<td>Adaptability and initiative in facing new situations</td>
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<td>Self-confidence &amp; self-esteem</td>
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<td>Ability to relate well to others</td>
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<td>Emotional stability</td>
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<td>Ability to handle stressful situations/problem-solve</td>
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<td>Openness to personal and cultural difference</td>
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<td>Ability to lead effectively</td>
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<td>Ability to follow effectively</td>
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<td>Ambassador/good citizen qualities</td>
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</tbody>
</table>
4. What role can you imagine the student playing in a group? What qualities would he/she bring to a group dynamic?

5. As you think about this student studying abroad in Prague, what will be his/her strengths? What will be his/her challenges?

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

7. I would be:
   □ Very Eager  □ Eager  □ Willing  □ Cautious  □ Reluctant

to have the applicant participate in a program that I directed.

__________________________________________________________
Signature

__________________________________________________________
Date

__________________________________________________________
Name – Please Print

__________________________________________________________
Phone

➤Please return this form to the Psychology Department Office, Olin 115, no later than February 7, 2014.