



DEPARTMENT OF ANTHROPOLOGY
SANTA BARBARA, CALIFORNIA 93106-3210

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**Pacific Islands Field Training Program
Roviana, Solomon Islands
2006 Application for Admission**

<p>APPLICANT INFORMATION: Name _____ Gender _____ Age _____ Date of Birth _____ Social Security Number _____</p>	<p>ACADEMIC INFORMATION: College/University _____ Current Standing (circle one): Freshman Sophomore Junior Senior Graduate Expected Date of Graduation _____ Major _____ G.P.A. _____</p>
<p>PERMANENT ADDRESS: Street _____ City, State, Zip Code _____ _____ Dates to use the address for mailing _____ Telephone(____) _____ Telephone(____) _____ Email Address _____</p>	<p>PARENT/GUARDIAN #1 Name _____ Street _____ City, State, Zip Code _____ _____ Home Telephone(____) _____ Business Telephone(____) _____ Email Address _____</p>
<p>CURRENT/SCHOOL ADDRESS: Street _____ City, State, Zip Code _____ _____ Dates to use the address for mailing _____ Telephone(____) _____ Telephone(____) _____ Email Address _____</p>	<p>PARENT/GUARDIAN #2 Name _____ Street _____ City, State, Zip Code _____ _____ Home Telephone(____) _____ Business Telephone(____) _____ Email Address _____</p>

Please provide contact information for the person we should notify in case of an emergency.

Name _____
Relationship to you _____
Street: _____
City, State, Zip Code _____

Home Telephone: _____
Business Telephone: _____
Email Address _____

PERSONAL EXPERIENCE AND INTERESTS:

Please list any prior internship, research, or field experience:

Briefly describe your main academic interests.

Briefly describe your swimming abilities and any diving or snorkeling experience that you have.

Given that field programs can be unpredictable and challenging, which of your personality traits, characteristics and/or skills would help contribute to your success?

Explain your academic and personal reasons for wanting to participate in a field-based experiential program in the Pacific Islands.

What topic would you like to explore in your personal research project in the Solomon Islands?

If you are a student of Pacific Island descent, please describe your ancestral connections to the Pacific Islands.

MEDICAL INFORMATION:

Do you have any health conditions that we should be aware of (e.g. allergies, asthma)?

(circle one): yes no

If yes, please give details and indicate severity of any allergies.

Do you take any prescription medications?(circle one): yes no

If yes, please list the prescriptions you take and explain what conditions the medications treat.

Do you follow any particular dietary practices (e.g., vegetarianism, keeping kosher) at home? How flexible can you be during the program?

REFERENCES:

Please provide the names and contact information of the references you plan on using:

Reference 1:

Name_____

Title/Department_____

Institution_____

Telephone(____)_____

Email Address_____

Reference 2:

Name_____

Title/Department_____

Institution_____

Telephone(____)_____

Email Address_____

AGREEMENT:

I certify that all information I have provided on this application is correct and accurate to the best of my knowledge.

Applican Signature_____ Date_____

If applicant is under 18 years of age, parental approval is required:

Parent/Guardian Signature_____ Date_____