



The University of Iowa

Application for Study Abroad

Primate Conservation in Tanzania (TREE Field Studies)
 Udzungwa Mountains, Tanzania
 Summer 2011

Personal Information:

Name _____ University ID # _____
first name middle initial last name

Current Address _____
street address city state zip

Telephone _____ Address valid until (mm/dd/yyyy) _____

Permanent Address _____
street address city state zip

Telephone _____ E-mail address _____

Date of birth (mm/dd/yyyy) _____

Predominant Racial/Ethnic group (optional):

Gender _____

- American/Alaskan Native
- Asian/Pacific Islander
- African-American/Black
- Hispanic
- White, non-Hispanic (Caucasian)
- I prefer not to respond

Citizenship _____

Resident Status Iowa resident Non-resident

Passport number _____

Emergency Contact:

Name(s) _____ Relationship to you _____

Address _____
street address city state zip

Cell Phone _____ Home Phone _____ Work Phone _____

E-mail Address _____

Academic Information:

Level: Freshman Sophomore Junior Senior Graduate Special non-degree

Major field(s) _____ Home Institution _____

Minor field(s) _____ Cumulative G.P.A. _____

Academic Advisor/Department _____

List the name, title, and e-mail address of two academic referees who have agreed to complete the reference forms on your behalf:

Name & Title _____ Email _____

Name & Title _____ Email _____

On a separate sheet of paper, please answer the following questions:

1. Briefly describe your experience with primates or other nonhuman animals (i.e. courses you have taken, projects you have worked on, jobs you have had, etc.)
2. Briefly describe your experience with the outdoors (i.e. time spent camping, hiking, fieldwork you have completed or other work related to the outdoors)
3. Please list any previous travel, study, or work experience abroad. List countries traveled to, purpose and length of stay.
4. Please indicate foreign languages studied or known. Include course numbers and titles, as well as previous practical experience in the language.

Are you, or have you ever been, on academic probation? Yes No
Have you ever received a non-academic (disciplinary) sanction from your home university? Yes No
Are you planning to use federal financial aid toward program costs? Yes No

Please attach the following to your completed application:

- Official transcripts from **all** colleges and universities attended (NOTE: A 3.0 GPA is required to participate in this program)
- Recommendation letters from **two** academic or professional references in separate, sealed envelopes
- Completed and signed TREE Field Studies Liability Form (attached)
- A copy of the information page of your passport
 - I am applying for a passport soon, and will provide a copy as soon as it is available

Things to consider when applying to this program:

1. The study of wild primates requires patience, flexibility, determination, and perseverance. The terrain will be difficult and the days in the forest will be long. This experience can be very trying for students that are unaccustomed to the heat, humidity, and rigorous physical activity characteristic of primate field work. Please consider these factors carefully when applying, as your health and safety should be your first concern.
2. For some students, the social aspects of a field school experience are more trying than the rigorous physical activities. You will be sharing cabins and hotel rooms with 2-4 other students from varied backgrounds with varied experiences in the field for the duration of the course, and the demanding schedule and foreign environment may be difficult for some. As such, participants are required to be patient, tolerant, and understanding during this course, often more so than ever before. Consider this carefully when applying, as some students have found shared accommodations and the social dynamics difficult, which can negatively impact both your experience and that of the rest of the group.

By signing this application below, I certify:

- ◆ to the best of my knowledge, the information in this application is correct
- ◆ I have read and agree to the Study Abroad Conditions of Participation
- ◆ I authorize the University of Iowa to charge my U-Bill for the \$50 non-refundable application fee
(NOTE: Non-University of Iowa students **must** submit a check in the amount of \$50, payable to The University of Iowa)

Signature _____ Date _____

Please return the completed application to The Office for Study Abroad, 1111 University Capitol Centre, The University of Iowa, Iowa City, IA 52242. Applicants will be notified of their status shortly thereafter.

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, (319) 335-0705.

Student: Please read and retain this document for your records!

Study Abroad Conditions of Participation

*As a participant in a University of Iowa-sponsored study abroad program,
I acknowledge and agree to the following:*

I. Health & Accident Insurance

Traveling and living abroad involves some personal risk. While serious medical emergencies are rare, you must consider the possibility and make appropriate provisions for it. Health care services vary by country, and health insurance policies vary considerably in their coverage. Make sure that your health insurance policy is adequate for the country you will be living in! (Information about health insurance policies for students traveling overseas is available in the Office for Study Abroad.)

- I acknowledge the risks associated with studying and traveling abroad, and I authorize the University of Iowa, its authorized representative(s) or the program coordinator at the host institution, to secure any medical treatment determined to be necessary under the circumstances.
- I acknowledge that such treatment shall be solely at my expense.
- I confirm that a physician has approved of my participation in this program, or that I agree to accept the risk of my participation without such approval.
- I confirm that I have health and accident insurance coverage for the duration of my stay abroad (including travel to and from my destination), and that it is my responsibility to insure the adequacy of the coverage.

II. Personal Conduct

Within our own cultural context, we generally know what conduct is expected of us. Travelers in foreign cultures, however, often find themselves in situations where the appropriate behavior is not immediately obvious to them. The term “Ugly American” was coined long ago to describe one possible, and all too frequent, reaction to encountering cultural differences—riding roughshod over them. It is the University of Iowa’s expectation that your conduct be appropriate to the culture and country you are visiting.

- I will strive to understand and respect the cultural differences that I encounter.
- I will observe the laws of the country in which I will be residing and all academic and disciplinary regulations in effect at the host institution.
- As a degree candidate at the University of Iowa, I will also continue to adhere to the University’s Code of Student Life.

III. Academic Conduct

Studying abroad is in most cases an unusually fruitful academic endeavor. While some programs operate according to the U.S. model of higher education, others require students to adapt to a foreign educational system. Roles, expectations and responsibilities can be markedly different.

- I will maintain a full course load while abroad, and take full responsibility for my performance in those classes.
- *For students conducting independent research for credit:* I take full responsibility to conduct the research agreed upon in advance, and to produce the final product (e.g. paper) required for my work to be evaluated and credit granted.

IV. Financial Obligations

- I am aware of the costs associated with this program, and I agree to pay the required fees according to the program’s fee schedule. (Students who receive financial aid may be able to make arrangements with the Office of Student Financial Aid for the temporary deferral of a portion of their payment.)
- I acknowledge and accept the academic *and financial* consequences of withdrawing voluntarily from the program and/or returning home prior to the conclusion of the program.

Student: Please read and retain this document for your records!

**V. Agreement
& Release**

WHEREAS, (Indicate Full Name) _____,
hereinafter referred to as Student, is about to take a travel and study

program described as the _____ ; and,

WHEREAS, it is acknowledged that said travel and study program involves
some risk to person and property, including but not limited to the risk of injury
due to accident and disease; and

WHEREAS, it is acknowledged that said travel and study program may be the
occasion of medical emergency necessitating the administration of medical
treatment including hospitalization or surgery;

NOW, THEREFORE, in consideration of said student being permitted to
participate in said travel and study program, I do hereby, for myself, my heirs,
administrators, and executors, and the undersigned as parent, parents, or
guardian of said Student, do for ourselves and for and on behalf of said Student,
all acknowledge and assume the risk of such travel and study program, and do
hereby release and forever discharge the State of Iowa, State Board of Regents,
and the State University of Iowa, (all entities hereinafter referred to as IOWA),
and all of their officers, faculty, employees, volunteers, and agents whether
accompanying said program or otherwise, from any and all claims, demands,
actions, or causes of action, on account of any injury to me or my property, on
account of my death, or on account of damages suffered by me for whatever
reasons, which may occur from any cause, including negligence, or in
connection with said travel and study program or any continuances thereof; and
we do hereby expressly covenant and agree to refrain from bringing suit or
proceedings at law or in equity or otherwise as provided by law, against any of
said bodies or persons on account of any and all such claims, demands, actions,
or causes of action. I voluntarily assume these risks. I have read and understand
the program description. This document is executed with full knowledge of its
signature.

*Please read this form carefully and retain for your records. Signing the
accompanying program application form serves as your agreement with the
above conditions.*



**TREE: Tropical Research in Ecology and Ethology LLC
Primate Conservation Field Course Summer 2011
Liability Release and Indemnification**

Name _____

Students taking Primate Conservation Field Course Summer 2011 must supply their own medical insurance.

I have medical insurance that will cover me in Tanzania _____ **YES** _____ **NO**

Insurance company name _____

Insurer ID # _____ **Group #** _____

If currently no: then I _____ certify that I will acquire suitable medical/travel insurance for the Primate Conservation Field Course Summer 2011 and that I will supply proof of such insurance no later than 30 days prior to departure.

I _____, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the Primate Conservation Field Course Summer 2011. I acknowledge that the nature of the Primate Conservation Field Course Summer 2011 may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. In consideration of my participation in the Primate Conservation Field Course Summer 2011, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release TREE: Tropical Research in Ecology and Ethology LLC, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Primate Conservation Field Course Summer 2011, whether caused by negligence of TREE: Tropical Research in Ecology and Ethology LLC, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless TREE: Tropical Research in Ecology and Ethology LLC and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the described Primate Conservation Field Course Summer 2011.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITIES OR TRIPS AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.

I accept the terms of this agreement.

Your signature _____

In case of accident, injury, or illness, I hereby authorize you to arrange for emergency medical care and to notify the person named below.

Name: _____

Address:

Phone (include cell): _____