## UNIVERSITY OF ALASKA FAIRBANKS

Field Camp Part 1 Application - Non UAF Student
Department of Geosciences

Department of Geosciences Box 755780 Fairbanks, Alaska 99775-5780 Phone (907) 474-7809

DUE MARCH 4, 2024

Full Legal Name:	last or family name	last or family name first		middle			
Date of Birth:							
Current Mailing Addres	SS:						
Current Until (date):		Curr	ent Phone	)			
Permanent Mailing Add	dress:						
Permanent Phone: ( )		Email Address:					
Emergency Contact Person:		Rela	Relationship:				
Address:		Phone: ( )					
University/College Name		ON Please list below all universitien   City and State   Dates   Attended   Ea		Degree & Date			
Prerequisites: C or bet Must have Junior Stan		of instructor.					
GEOLOGY COURSE W are currently enrolled in		w all Geosciend	ce classes	taken <b>ar</b>	nd <u>include (</u>	classes yo	
University/College Name	Course Name		Course Number	Date Taken	Credits Earned	Grade	

## ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING:

I understand that withholding information requested on this application may make me ineligible for admission to the University of Alaska system or subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of the University of Alaska system, its campuses and sites. I further understand that from the time I file my application with the University of Alaska system, it is my responsibility to know all rules, requirements of and exemptions from my intended degree program.

MEDICAL INSURANCE IS NOT REQUIRED, BUT HIGHLY RECOMMENDED. THE COST OF NON-ACCIDENT-RELATED MEDICAL AND EVACUATION FEES WILL BE BORNE SOLELY BY THE APPLICANT.

## UNIVERSITY OF ALASKA FAIRBANKS

Field Camp Application – Applicant Evaluation Department of Geosciences

Department of Geosciences P.O. Box 755780 Fairbanks, Alaska 99775-5780 Phone (907) 474-7809

Name of Applicant Applying for GEOS 495 Field Geology Pt.1
<b>To the Applicant:</b> The Family Educational and Primary Act of 1974 gives students the right to inspect letters of recommendation written in support of applicants for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award. If you wish to waive your right to examine this letter of recommendation, please sign the waiver below.
I waive my legal right to inspect this letter of recommendation.
Date Signature
Evaluator: I know the applicant: very well; moderately well; only slightly. I have known the applicant for approximately years.
During this time the applicant was an:
undergraduate student, graduate student. assistant of mine, advisee of mine, departmental assistant. other (please specify)
To the Evaluator: Please mail or email to Dr. Jochen Mezger, Department of Geosciences University of

I would compare the applicant with other students of the same level as follows:

	Exceptional	Above Average	Average	Below Average	No Information	
Intellectual Ability						