



SEMESTER IN INDIA

Application Checklist

NAME: _____

INSTITUTION: _____

Check completed items below:

- _____ 1. NYSICCSI Semester in India Application
- _____ 2. Two faculty evaluations (including one from academic advisor)
- _____ 3. Medical report (Sections I through III)
- _____ 4. Copy of immunizations, pre-admission health record, and Sections IV and V provided by your Health Center
- _____ 5. Legible photocopy of passport photo page or photocopy of application for passport with fee receipt
- _____ 6. Academic transcript

A S S O C I A T E D I N I N D I A W I T H :

Landour Language School, Mussoorie | *Educational Resources Centre, New Delhi* | *Institute for Research in Interdisciplinary Studies, Jaipur* | *Society of Heritage Planning and Environmental Health, Varanasi*



NAME: _____ Male
Last First Middle Female

Nickname Social Security Number ____ - ____ - ____
College ID # _____

MAJOR(S) _____ **GRAD. YEAR** _____ **GPA** _____

Date of Birth _____ **Place of Birth** _____ **Citizenship** _____
month / day / year

CAMPUS TELEPHONE:(_____) _____ **E-MAIL ADDRESS:** _____

CAMPUS MAILING ADDRESS: _____

city state zip

HOME MAILING ADDRESS: _____

city state zip

HOME TELEPHONE: (_____) _____

NAME OF PARENT(S) or GUARDIAN: _____

PARENT(S)' EMAIL ADDRESS: _____

OTHER PARENT'S ADDRESS, IF DIFFERENT FROM ABOVE:

city state zip
(_____) _____
area code telephone number

In case of an emergency, who should be contacted? Mother Father or Both

Letters of evaluation are being provided by the following faculty members (one must be your academic advisor):

1. _____ 2. _____

PART I.

On a separate sheet, please answer the following:

1. **GRADUATION:** How will participation in this program affect your progress toward graduation?
 - a. Academic advisor's name.
 - b. List the courses you are taking, or have taken, that are related to study in India.
 - c. List the distribution requirements you have to complete.
 - d. List the courses you still must take in your major.
 - e. Please list, semester by semester, the courses you plan to take when you return to campus.
2. **TRANSCRIPT:** If your GPA is below the requested level, comment on your transcript, giving additional information about specific low grades and patterns of strength. If you currently have any **incomplete** grades, or if you have **withdrawn** from a course, please describe the circumstances.
3. **PROBATION:** Have you ever been on social or disciplinary probation? If yes, explain the circumstance.
4. **PASSPORT:** Do you have a passport? If yes, what is the date of expiration? (A passport must be valid at least three months beyond your stay with the program.) If no, what is the date on which you applied for a passport? Attach a copy of your passport ID page with your application.

PART II.

On a separate sheet of paper, please give concise, careful and thoughtful answers to the following:

5. **PREPARATION:** Besides the classes listed above (**1.b**), describe experiences that prepare you for study in India (e.g., travel, residency abroad, work experience, language study, etc.)
6. **DIRECTED FIELD STUDY:** One of the four credits earned through the India program is a directed field study project that students begin during spring semester, using the academic resources on campus, and complete with field research in India. Briefly describe the project that you would work on as your directed field study project.
7. **EXPECTATIONS:** What do you hope to gain from this study abroad experience, both academically and personally? What do you believe you can contribute to the experience?
8. **CHALLENGES:** What do you expect to be your greatest challenges living in another culture, and how do you propose to meet those challenges?
9. **ANYTHING ELSE:** If there is anything else you wish to say about your experiences, your interest in this program of study, or anything else related to this application, please do so here.

PART III.

Agreement and Release

I understand that the content of this application and related material will be shared among those responsible for screening applicants on my home campus and among those responsible for administering and conducting the NYSICCSI program. I affirm that the information given in this application is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Please return completed application to: Office of International Programs
Skidmore College
Starbuck 202
Saratoga Springs, NY 12866
Fax: 1-518-580-5359



Letter of Evaluation: Academic Advisor

To the applicant:

Fill out this part of this form before giving it to your advisor

Applicant's Name _____

India Program, Fall 20 _____

Name of professor to write evaluation _____

Name of course completed with professor _____

Under the provisions of the Family Education Rights and Privacy Act,

_____ I retain my right of access to this evaluation.

_____ I waive my right of access to this evaluation.

Applicant's signature _____ **Date** _____

To the advisor:

This evaluation is due **November 15**. The deadline for submission of the evaluation letter is crucial since the selection committee cannot act without this information. Late return of this form and the accompanying letter will jeopardize the student's chance of acceptance.

Faculty perspectives on students applying for off-campus programs are very helpful to the selection committees. The committees need frank *evaluations* and insight into a student's capacity to gain from, and contribute to, an off-campus program. In your letter, please evaluate the student to the best of your knowledge, addressing the points listed on the reverse side. It is particularly important you indicate that the student will be able to graduate on time if he/she participates in the India program.

- After reviewing the student's academic transcript and talking with this student, is there any doubt that he/she will be able to graduate on time if he/she participates in the India program?
- How long and in what capacity have you known the applicant?
- Motivation, seriousness of purpose, initiative
- Intellectual curiosity, openness to new ideas and experiences
- Attendance, performance in class, ability to meet deadlines
- Quality of thought and expression
- Ability to work cooperatively with others; tolerance of different opinions and points of view
- Independence and self reliance
- To what extent does the India program complement this student's liberal arts experience and major academic study?
- Other points you think relevant

Evaluator's signature _____ Date _____

Please attach your letter to this form and return to:

Office of International Programs
Skidmore College
Starbuck 202
Saratoga Springs, NY 12866
Fax: 1-518-580-5359



Letter of Evaluation: Faculty

To the applicant:

Fill out this part of this form before giving it to the evaluator. The evaluation must be from a faculty member with whom you have completed at least one course.

Applicant's Name _____

India Program, Fall 20 _____

Name of professor to write evaluation _____

Name of course completed with professor _____

Under the provisions of the Family Education Rights and Privacy Act,

_____ I retain my right of access to this evaluation.

_____ I waive my right of access to this evaluation.

Applicant's signature _____ **Date** _____

To the evaluator:

This evaluation is due **November 15**. The deadline for submission of the evaluation letter is crucial since the selection committee cannot act without this information. Late return of this form and the accompanying letter will jeopardize the student's chance of acceptance.

Faculty perspectives on students applying for off-campus programs are very helpful to the selection committees. The committees need frank *evaluations* and insight into a student's capacity to gain from, and contribute to, an off-campus program. In your letter, please evaluate the student to the best of your knowledge, addressing the points listed on the reverse side.

- How long and in what capacity have you known the applicant?
- Motivation, seriousness of purpose, initiative
- Intellectual curiosity, openness to new ideas and experiences
- Attendance, performance in class, ability to meet deadlines
- Quality of thought and expression
- Ability to work cooperatively with others; tolerance of different opinions and points of view
- Independence and self reliance
- Other points you think relevant

Evaluator's signature _____ Date _____

Please attach your letter to this form and return to:

Office of International Programs
Skidmore College
Starbuck 202
Saratoga Springs, NY 12866
Fax: 1-518-580-5359

MEDICAL REPORT

It is **imperative** that you fill out this form honestly and accurately. Our intention is to learn as much as possible about your physical, emotional and psychological needs so that you can have a successful international/off-campus experience. It will assist us in obtaining or providing appropriate care if there is an emergency.

This medical report is subject to review by the Medical Director on your campus, the program director and assistant director, the program administrator and, when appropriate, the faculty program representative and your campus study abroad office. The selection committee does not see this material and you will not be rejected on the basis of either a physical or emotional condition unless:

- it is of such a serious nature or degree as to prevent successful participation in the program;
- medical care for an individual's medical problem is not available in the program area;
- and/or the living and environmental conditions to which the applicant could be exposed would present a serious risk to his/her health and/or the health and safety of others.

Should you develop any significant health problems between the time of acceptance into the program and commencement of the off-campus component, **it is your responsibility** to notify the faculty leader. A **medical report** should accompany this notification for review by the Director of Health Services.

Make arrangements for a copy of your Pre-Admission Health Record, including immunization records, to be sent to the Office of International Programs.

I. GENERAL INFORMATION

Program: _____

Name: _____ Sex: ____ Birth Date: ____/____/____

Name of university/college: _____

Campus Address: _____ Phone: _____

Parent/Guardian Name(s): _____ Phone: _____

Address: _____
(street address) (city) (state) (zip)

II. CURRENT IMMUNIZATIONS You may also attach a copy of your immunization records from your preadmission physical.

Date of last tetanus (Td) shot _____

Hepatitis A _____ (dates)

and

Hepatitis B _____ (dates)

OR

Twinrix A/B (Hepatitis A and B combined) _____ (dates)

III. CURRENT HEALTH QUESTIONNAIRE

1. Your height in inches: _____ Your weight in pounds: _____

2. Please list all medications – and dosage – you are currently taking, including over-the-counter medications.

3. Have you ever had an allergic reaction to anything? Yes ___ No ___

If yes, please list: _____

4. Do you have any physical handicap or disability? Do you have any orthopedic problems that restrict physical activity? Yes ___ No ___

If yes, please describe: _____

5. How much alcohol do you normally drink in a week? _____

6. Have you been placed on social or disciplinary probation for an incident in which alcohol or drugs were involved?

Yes ___ No ___

If yes, please explain: _____

7. Have you been hospitalized during the past year?

Yes ___ No ___

If yes, please explain: _____

8. Are you currently, or have you recently been, involved in friend/family relationships that have caused you unusual stress?

Yes ___ No ___

If yes, please explain: _____

9. Do you have any dietary restrictions?

Yes ___ No ___

If yes, please list: _____

10. Have you any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you had in the past any significant chronic medical conditions which are currently in remission? (for example: diabetes mellitus, heart problems, chronic or recurrent gastrointestinal disorders, seizure disorders treatment for cancer, bleeding disorders, etc.)

*Yes ___ No ___

If yes, please list: _____

11. Are you currently receiving, or have you received in the past two years, counseling in the treatment of any emotional problem, drug addiction, alcohol problem, psychiatric condition, or eating disorder?

*Yes ___ No ___

*** If you answered "yes" to #10 or #11, the physician/counselor primarily responsible for your care must complete Section V.**

12. Is there any other information that would be helpful to the program director or on-site medical staff? _____

_____ Please contact your campus Health Center staff if you have any questions.

The responses I have given are correct and complete to the best of my knowledge.

Signature of Applicant

Date

RETURN COMPLETED FORM TO: Office of International Programs

IV. MEDICAL RELEASE

All students must complete this side of the form.

A visit to your physician is not required unless your doctor considers it necessary to update the evaluation of your medical condition. **ONLY STUDENTS WHO ANSWERED “YES” TO SECTION III, ITEM(S) 10 AND/OR 11, MUST HAVE THE PHYSICIAN/COUNSELOR PRIMARILY RESPONSIBLE FOR TREATMENT COMPLETE SECTION V ON THE REVERSE SIDE OF THIS FORM.**

Student Name _____

Campus Health Center address _____

Condition(s) listed in Section III, # 10 and/or # 11

I am requesting copies of the following from my medical/psychiatric record be released to my campus Health Center. I understand these records will be reviewed by the Medical Director on my campus, the program director and assistant director, the program administrator and, when appropriate, the staff in your study abroad office.

Immunization record Medical visits Other (please describe) _____

Signature _____ Date _____

Phone number _____

Please forward records to:

Office of International Programs
Skidmore College
Starbuck 202
Saratoga Springs, NY 12866
Fax: 1-518-580-5359

Applicant's Name _____ Program _____

TO BE COMPLETED BY PHYSICIAN/COUNSELOR PROVIDING TREATMENT IF APPLICANT ANSWERED "YES" TO PART III, ITEM(S) 10 AND/OR 11

V. PHYSICIAN/COUNSELOR REPORT

The applicant has indicated an on-going health problem. You are being asked to evaluate the physical and mental health of the above named applicant for selection into an off-campus program. Living in unfamiliar surroundings and adjusting to cultural differences can create emotional and physical stresses that can exacerbate mild disorders.

Individuals in this program will at times be in remote areas exposed to harsh environmental conditions with poor water supply and away from immediate, full-service medical care. Gastrointestinal problems are common. Individuals with certain medical conditions which can lead to electrolyte imbalance such as inflammatory bowel disease, diabetes mellitus and insipidus, as well as individuals on psychopharmacological medications, would be at greater risk, as would persons with unstable seizure disorders, problem asthmatic patients, and individuals with cardiac disorders. Supervision of psychiatric conditions is not practical.

If additional space is required, please attach report.

Diagnosis:

Medications and dosages:

Diet:

Stability of condition over past two years:

Recommendations for the care of this individual:

Is this individual capable of participating in the program? Yes _____ No _____

Please contact the applicant's campus Health Center with any questions or concerns.

Signature of physician: _____ Date: _____

Name of physician (printed): _____

Address: _____
(street address) (city) (state) (zip)

Telephone: _____ Fax: _____