2010 SUMMER GEOLOGY FIELD PROGRAM

University at Buffalo Department of Geology

Application Form

1. Name
Last: *First:* *Middle:*

2. Social Security # :

2a. Person # (if Univ. at Buff. Student) :

3. Date of Birth *Month:* *Day:* *Year:*

3a. Gender
- ❑ Female
- ❑ Male

4. Mailing Address
Number and Street:
City: *State or Province:*
Postal Zip Code: *If NY State Resident, Name of County:*

5. Permanent Address
Number and Street:
City: *State or Province:*
Postal Zip Code: *If NY State Resident, Name of County:*

6. Internet/Telephone *Email Address:*
Daytime Phone: *Evening Phone:*

7. Citizenship *Are you a US Citizen?* ❑ *Yes* ❑ *No*

8. Ethnic Origin Code
- ❑ African American
- ❑ Native American
- ❑ Hispanic
- ❑ Native Pacific Islander
- ❑ White
- ❑ Other_____

9. Enrollment Code (Check all that apply to your current college or university)
- ❑ 2-Year Institution
- ❑ 4-Year Institution
- ❑ Public Institution
- ❑ Private Institution

10. Current Institution (College or University):
10a. Date of Anticipated Graduation:

11. List all upper-level geology courses (with grade or anticipated grade) that will be completed as of May 2009:

Course Name	*Grade*	*Course Name*	*Grade*

12. Course Credit (Read carefully!!)
- ❑ Undergrad Credit [# Undergrad Credits ___]
- ❑ Graduate Credit (2)

[Note: Undergrads at UB must register for 6 credits. Non-UB undergrads must register for 3-6 credits (show at left), depending on requirements]

13. Health Issues

Please describe below all health-related conditions that you are aware of that may be of concern during the month-long field course (keep in mind that some field sites are more than a one hour drive from the nearest hospital). Include allergies. **Do not leave blank. Indicate "none" if this is the case.** Continue on an additional sheet if needed.