



HOLOCAUST FIELD SCHOOL PROJECT

DEPARTMENT OF GERMANIC AND SLAVIC STUDIES
UNIVERSITY OF VICTORIA

Date

Year / Month / Date

As they appear in your Passport

Last Name First Name

Middle Name

Date of Birth Place of Birth

Year / Month / Date

Citizenship Passport Number

Other Names

Contact Information during University Term/Semester

Address

City Province / State

Postal / Zip Code Country

E-mail Home Telephone

Cellular / Mobile

Permanent Contact Information

Address

City Province/State

Postal/Zip Code Country

E-mail Home Telephone

Cellular/Mobile

In Case of an Emergency Contact

Last Name First Name

Title Relationship

Address

City Province/State

Postal/Zip Code Country

E-mail Home Telephone

Cellular/Mobile

University and Academic Program InformationYour Home University City Province/State Country Program Level Month/Year you expect to complete your degree

Major Field(s) of Study

Minor Field(s) of Study

Student Number **Medical Condition**

(Please clearly state if you have a medical condition that we should be informed about. This includes allergies, illnesses, prescription medication taken on a regular basis, etc.)

Two referees who will be submitting letters of support for you (one must be an academic referee)

Reference 1Name of Academic Referee Address Telephone E-mail **Reference 2**Name of Non-Academic Referee Address Telephone E-mail Relationship

PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH THIS REGISTRATION APPLICATION

1. Application Statement of Purpose

A summary of your reasons for wanting to participate in the field school. What do you hope for yourself from participating in the I-witness Holocaust Field School? What can you contribute to the group and the program as a whole? If relevant, please include your background in Holocaust and multicultural education (including extra-curricular activities). Your summary should be a maximum of two pages in length and should bear the heading Statement of Purpose.

2. Unofficial transcript(s) of courses taken from all post-secondary institutions attended

3. Letters of Recommendation from (1) Academic and (1) Non-Academic Referees

4. Signed Liability Waiver Form

If you are interested in receiving a scholarship to help cover costs, please complete the Scholarship Application Form and return it with your Registration Application.



DR. CHARLOTTE SCHALLIÉ
Program Director

Clearihue Building, Room D243
P.O. Box 3045
Victoria, B.C. V8W 3P4
Canada

**Telephone: 250 721 7316 Fax:
250 721 7319 iwitness@uvic.ca
<http://web.uvic.ca/~iwitness/>**

After filling out and printing the Registration Application, mail the entire Registration Packet to:

I Witness Holocaust Field School Project
University of Victoria
Department of Germanic and Slavic Studies
Clearihue Building, Room D243
P.O. Box 3045
Victoria, B.C. V8W 3P4 Canada

or fax it to 250-721-7319

or bring it to the Department of Germanic and
Slavic Studies - Room D243

For further information, please feel free to call
250 721 7316.