



NAME OF FIELD SCHOOL: _____

APPLICATION CHECKLIST:

- At least 19 years old at time of departure
- Current UVic student OR Eligible to apply as visiting student
(<https://www.uvic.ca/future-students/undergraduate/admissions/other/visiting/>)
- Unofficial transcript
- Photocopy of passport (photo and signature page) - passport must be valid for at least 6 six months after the date of return to Canada.
- Completed and signed application form.

STUDENT INFORMATION

First Name _____ Preferred first name (if different) _____

Last Name _____ Date of Birth _____

Current address _____

Phone (cell) _____ Email address _____

Current UVic student? Yes / No V# _____ Current GPA _____ Credits to date _____

If you are currently enrolled at another school, please list: _____

Canadian Citizen? Yes / No If yes, Canadian passport # _____

Non-Canadian Citizen:

Country of Citizenship _____ Immigration status _____ Passport # _____

HEALTH INSURANCE INFORMATION	
Your Provincial/Territorial/Primary Health Insurance Provider (e.g. BC MSP or equivalent):	Your Provincial/Territorial/Primary Health Insurance number (e.g. your CareCard number):
Supplemental Medical Insurance Plan:	

EMERGENCY CONTACT INFORMATION			
Last Name	First Name	Relationship to you	
Address			
City	Province	Postal Code	Country
Telephone (incl. country code, area/city code)		E-Mail address	

ACADEMIC REFERENCES

Please provide the names of TWO UVic instructors as references whom you give UVic permission to contact. As your references you may choose either a UVic professor/instructor or a UVic graduate-level TA, lab instructor or a professor from another university/college (for transfer students only). Please make sure that the instructors you choose are willing to be your reference.

ACADEMIC REFERENCE #1

Instructor name: _____ Department: _____

Course you took / are currently taking from instructor: _____

Semester and year of course: _____

Contact information (phone + email): _____

ACADEMIC REFERENCE #2

Instructor name: _____ Department: _____

Course you took / currently taking from instructor: _____

Semester and year of course: _____

Contact information (phone + email): _____

I, _____, by signing below, give UVic permission to contact the above named UVic instructors whom I have named as my references.

Signature: _____ Date: _____

DISCLOSURE OF PERSONAL INFORMATION

UVic will not disclose any of my personal information to any additional third parties without my consent.

I hereby give my consent to UVic to

- disclose my name and email address on pre-departure orientation handouts distributed to outgoing student participants in future field school programs (new participants will then have the option of contacting me to discuss my field school experience);
- disclose my name and photograph, for publicity and/or orientation purposes in publications, in audio-visual presentations, on UVic's website, and in other related media;
- disclose my full name, citizenship, date of birth, passport number and passport expiry date to the Canadian Representative Abroad office (e.g. Embassy or Consulate) in each country/region in which this field school program takes place (this information may be used by Canadian authorities in the event that government assistance is required during the field school program); and
- disclose my full name, citizenship, date of birth, academic program(s) and level of study, gender, photograph, and flight information to institutions, individuals and/or organizations outside of Canada who are affiliated with, or used by, the field school program (this information will be used for reasons directly related to the field school program such as booking hotels/tours, printing transit passes when applicable, etc).

DISABILITY ACCOMMODATION, HEALTH AND WELLNESS

- a) If I wish to receive accommodation for a disability (physical or mental) during the field school, UVic strongly recommends that I register with the UVic Resource Centre for Students with a Disability and inform them of my plans to participate in the Field School at least 3 months in advance of the Field School. This will provide the parties sufficient time to make arrangements.
- b) It may be beneficial for me to disclose to the Field School Director, Global Engagement, and/or co-participants, any medical conditions (physical or mental) that I may have, but doing so would not make him/her/they, or UVic, responsible for my health and wellness.
- c) I am solely responsible for my own personal health and wellness while participating in the field school program. This includes, but is not limited to, obtaining all necessary inoculations/vaccinations in advance of departure and bringing sufficient personal medical supplies (including prescription medication and certification when necessary).

I confirm that I have read and understood this Acknowledgement and accept its terms.

Student Signature

Date

If you are under 19 years of age when completing this form, your parent or legal guardian must sign below:

I consent to my child participating in this field school, and I confirm that I have read and understood this Acknowledgement and accept its terms.

Parent/Guardian Signature

Relationship to student

Date

The information on this form is collected under the authority of the University Act (R.S.B.C. 1996, c.468, s. 27(4)(a)). It is related directly to and needed by the University to administer and operate the Field School Program. The information will be used to obtain and record a Field School student's acknowledgement of applicable provisions including consent to disclose personal information. If you have any questions about the collection, use and disclosure of this information please contact your Field School Director.