

Adirondack Semester Application

Participation in the Adirondack Semester is a privilege, and admission to the program is competitive. The Adirondack Semester is similar to an SLU off-campus study abroad program, but unique in many ways. Students live off-campus in a remote setting of the Adirondack Park. Because of its location, students have the opportunity to immerse themselves directly and completely in the natural world, without the many distractions of campus. Amenities are few, and the setting itself is rustic, giving students an opportunity to live a materially simple life. Students live together as a close-knit community and work intimately with several professors, who will cover various topics such as the natural and cultural history of the Adirondacks, philosophy of nature, creative expressions of nature, and outdoor pursuits.

Applications will be judged according to the following criteria: the overall academic record and interests of the candidate, the quality of the essays in the application, the strength of recommendations, and the level of maturity, responsibility and genuine interest the candidate brings to this particular program. It should also be noted that those students currently on disciplinary, social or academic probation are not eligible to apply for the Adirondack Semester program.

You may obtain application forms from the Outdoor Studies office or print them for yourself. The first 4 parts of the form are the pages you are reading. Parts V-VIII can be printed by following the links in the list below. If you print your own forms, the color notations for parts V-VIII do not apply.

Application Checklist:

1. General Information Sheet, Part I of the application
2. Short essay answers to Part II of the application
3. Alcohol & Drug Pledge, Part III
4. Agreement and Release, Part IV
5. [Advisor and Department Chairperson Form](#) (Part V green)
6. a. [1 Faculty Recommendation Form](#) (Part VI a goldenrod)
b. [1 Faculty Recommendation Form](#) (Part VI b pink)
c. [Outside-the-Classroom Recommendation](#) (Part VI c lavender)
7. [Registrar's Release Statement](#) (Part VII blue)
8. [Health Record Release/ Medical Report Forms](#) (Part VIII yellow)
9. Current Copy of Transcript

Applications are due by February 20.

RETURN THIS COMPLETED APPLICATION TO:

THE OUTDOOR STUDIES PROGRAM
Augsbury/Newell
St. Lawrence University
Canton, NY 13617

Questions may be answered by Baylor Johnson (x5015) or email: bjohnson@stlawu.edu

Part II – SHORT ESSAYS

In order for the selection committee to gain a better understanding of who you are and why you are interested in the Adirondack Semester, please answer the following four questions. You should address each of the questions separately, providing at least one or two brief paragraphs that explain your response to the question.

1. How will the Adirondack Semester further your academic interests? Have you had prior course work or other experience that is relevant? If not (and we do not require prior course work or other experiences) why are you academically interested in this program?
2. Why are you interested in a program that focuses on immersion in nature and the Adirondack region? Please describe any prior experiences that explain your interest in a program like this (e.g. family experiences, scouting, outdoor education experiences, camps, etc.).
3. Participants in this program must sign a pledge agreeing not to consume alcohol or use illegal drugs while the program is in session. Are you willing and able to sign such a pledge? Describe your willingness to sign and ability to abide by such a pledge.
4. Participants in this program will be living with a small group in a remote natural setting and you will spend extended periods of time in a materially simple environment—i.e. without television, personal stereos, automobiles, or computers.
 - A) Please explain why you believe you can live in such an environment.
 - B) Please explain why you believe you can benefit, and help others benefit from living in such a small group.

Part III – ALCOHOL & DRUG PLEDGE

I pledge not to use alcohol or illegal drugs while the Adirondack Semester program is in session, nor will I bring them on site at any time. “In session” means any time during the semester except scheduled breaks. I understand that failure to adhere to the policy will result in dismissal from the program without financial remuneration.

Signature: _____ Date: _____

Part IV – AGREEMENT AND RELEASE

I affirm that the information given in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Part V - STATEMENT OF ADVISOR/DEPARTMENT CHAIRPERSON

Part I: For All Students: It is the student's responsibility to discuss off-campus study plans with his/her faculty advisor. If the student has a double major, the signature of both advisors must be provided on this form.

_____ / _____ has discussed with me his/her application to study with the
(Student name) (yr.)

Adirondack Semester. I believe the program offerings will complement this student's liberal arts experience and major academic study. I hereby approve the study plans of this applicant.

For Double Major

Advisor's Signature

Advisor's Signature

Department

Department

Date

Date

Part II: For Students who have not yet formally declared a major: In addition to his/her advisor the student must also discuss his/her off-campus study plans with the chairperson of the student's intended major. The intended major department hereby approves the study plans of this applicant.

For Double Major

Signature of Dep't. Chair

Signature of Dep't. Chair

Department

Department

Date

Date

RETURN THIS COMPLETED FORM BY FEBRUARY 20 TO:

**THE OUTDOOR STUDIES PROGRAM
Augsbury/Newell
St. Lawrence University
Canton, NY 13617**

Part VI a - 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 _____

Program Name _____

Fall 20____ **Spring 20** ____ **or Academic year 20** ____ - **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 **February 20**. 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.

-see reverse-

- 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 by February 20 to:

Outdoor Studies
St. Lawrence University
Canton, NY 13617

letter.eval.fac.doc

Part VI b - 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 _____

Program Name _____

Fall 20____ **Spring 20** ____ **or Academic year 20** ____ - **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 **February 20**. 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.

-see reverse-

- 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 by February 20 to:

Outdoor Studies
St. Lawrence University
Canton, NY 13617

Part VI c - Letter of Evaluation: Outside-the-classroom

Supervisor, Administrative, Staff, Faculty Member, Director of former program or other person who has known applicant outside the classroom

To the applicant:

Fill out this part of this form before giving it to the evaluator. If you have participated in an off-campus program previously, or are currently participating in an off-campus program, this evaluation must be completed by the Director of that program.

Applicant's Name _____

Program Name _____

Fall 20 _____

Name of person to write evaluation _____

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 **February 20** previous to study in the **fall**. 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.

-see reverse-

Since St. Lawrence's off-campus programs have significant co-curricular dimensions (e.g., home stays, internships, educational travel), it is helpful for selection committees to have information about students **outside the classroom**. In your letter, please evaluate the student to the best of your knowledge, addressing as much as possible the following points or any others you think relevant.

- How long and in what capacity have you known the applicant?
- Motivation, seriousness of purpose, initiative
- Ability to work cooperatively with others, tolerance of different opinions and points of view
- Reliability, punctuality
- Independence and self reliance
- Intellectual curiosity, openness to new challenges and experiences
- Other points you think relevant

Evaluator's signature _____ Date _____

Please attach your letter to this form and return by February 20 to:

Outdoor Studies
St. Lawrence University
Canton, NY 13617

letter.eval.outside.doc

Part VII - REGISTRAR'S RELEASE STATEMENT

Directions: For SLU Students: Please sign this release statement and return it to the Registrar's Office.

For Non-SLU Students: Please arrange with the Registrar of your home institution to have a copy of your transcript sent to:

**THE OUTDOOR STUDIES PROGRAM
Augsbury/Newell
St. Lawrence University
Canton, NY 13617**

TO: Registrar of _____
(College/University)

Please send an official copy of my transcript to:

**THE OUTDOOR STUDIES PROGRAM
Augsbury/Newell
St. Lawrence University
Canton, NY 13617**

When grades from this current semester are available please forward them as well.

Date: _____ Signature: _____

Name: _____
(Please Print)

Part VIII - MEDICAL REPORT

It is **imperative** that you fill out all pages of 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 (for Non-SLU students), the St. Lawrence University Health Center staff (for all students), the program director and administrators at the Center for International and Intercultural Studies. The selection committees do 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 program director. A **medical report** should accompany this notification for review by the Director of Health Services.

FOR NON-SLU STUDENTS:

Make arrangements for a copy of your Pre-Admission Health Record, including immunization records, to be sent to:

Outdoor Studies
St. Lawrence University
Canton, NY 13617
FAX: (315) 229-5019

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 If you have received the immunizations listed below since you enrolled in college, please list them here.

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 the Winning 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: OUTDOOR STUDIES
ST. LAWRENCE UNIVERSITY
CANTON, NY 13617**

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 _____

Program _____

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 the Outdoor Studies Program. I understand these records will be reviewed by the Medical Director on my campus (for Non-SLU students), the St. Lawrence University Health Center staff (for all students), the program director, and members of the Adirondack Semester Selection Committee..

Immunization record Medical visits Other (please describe) _____

Signature _____ Date _____

Phone number _____

Please forward records to:

Outdoor Studies
St. Lawrence University
Canton, NY 13617
Fax: (315) 229-5015
Phone: (315) 229-5016

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 Winning Health Center with any questions or concerns: 315-229-5392

Signature of physician/counselor: _____ Date: ____/____/____

Name of physician/counselor (printed): _____

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

Telephone: _____ Fax: _____