

# ST. LAWRENCE UNIVERSITY

Canton, NY 13617-1475

## APPLICATION FOR ADMISSION

### Kenya

Off-campus study is an opportunity open to sophomore, junior and senior students with appropriate academic preparation, motivation, and interest in the relevant areas. Students in all major fields may participate in the Kenya Semester Program. Students **must** have completed at least one course with significant Africa or diaspora content before the program begins. Students currently on disciplinary, social, or academic probation are not eligible to apply for, or participate in, off-campus study programs. In addition, students with outstanding disciplinary fines, service hours and/or education program requirements are not eligible to *participate* in the program. Second-semester seniors must petition to participate.

Admission to programs is based on the quality of application. Candidates must present a coherent academic rationale for participation in the Kenya Semester Program and a record of academic performance that demonstrates ability to meet the challenges of off-campus study. The selection committee considers closely the candidate's rationale for participation and academic record as a whole. Candidates for the Kenya Program must also present evidence of maturity, responsibility and cultural sensitivity.

#### Application checklist

The following must be received by the Center for International and Intercultural Studies on or before **September 10** or **February 25**:

- The application, signed
- Accurate answers to Part I questions
- Thoughtful answers to the short essay questions in Part II
- Advisor and Department Chairperson Statement Form
- Kenya Semester Program Pupil's Pass with two 2"x2" photographs (passport-size)
- Resume
- Medical Report Form
- For SLU students:* Assistance with airfare information and bio form

Applicants must distribute the following forms to the appropriate people and offices to ensure they are received by the Center for International and Intercultural Studies by the application deadline:

- 2 faculty evaluation forms and letters. Applicant must have *completed* at least one university course with faculty member providing evaluation
- 1 evaluation form and letter from a member of the faculty, administration or staff who has worked with the applicant in some capacity *outside the classroom*. If the applicant has participated in, or is currently participating in, an off-campus program, this evaluation must be completed by the director of that program.
- Registrar's Release Statement (submit to Registrar's Office prior to the application deadline.)



**Kenya** program for: Spring 20 \_\_\_\_ Fall 20 \_\_\_\_

List all other programs to which you are applying this semester \_\_\_\_\_

Have you participated in, or are you currently participating in, an off-campus program while at SLU?  
 Yes  No If yes, you **must** submit an evaluation from that program director as the *outside the classroom* evaluation.

NAME: \_\_\_\_\_  Male  
Last First Middle  Female

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
SLU Student ID # \_\_\_\_\_

MAJOR(S) \_\_\_\_\_ GRAD. YEAR \_\_\_\_\_ GPA \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
month / day / year

PHONE # cell or campus: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CAMPUS MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ city state zip

HOME MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ city state zip

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_

NAME OF PARENT(S) or GUARDIAN: \_\_\_\_\_

ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_  
\_\_\_\_\_ city state zip

TELEPHONE IF DIFFERENT FROM ABOVE: (\_\_\_\_) \_\_\_\_\_

Letters of evaluation are being provided by the following faculty members:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Outside-the-classroom evaluation is being provided by 3. \_\_\_\_\_

## **PART I.**

**On a separate sheet, please answer the following:**

1. **GRADUATION:** How will participation in this program affect your progress toward graduation?
  - a. List the distribution requirements you have to complete.
  - b. List the courses you still must take in your major.
  - c. Please list, semester by semester, the courses you plan to take when you return to campus.
2. **TRANSCRIPT:** If your academic transcript is weak in any respect, please provide 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. **DISCIPLINARY RECORD:** Provide details if you have ever had social or disciplinary sanctions or have been before the student judiciary board.
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?

## **PART II.**

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

5. **PREPARATION/ACADEMIC RELEVANCE:** Describe in some detail experiences that prepare you for study in this program (e.g., academic courses, travel, residency abroad, work experience, language study, etc.) Include a concise statement describing how this program relates to your current academic program.
6. **FIELD PLACEMENT:** As part of the integrated seminar (AFS 337/ANTH 348), students do an independent field study during the last 4 weeks of the program. Describe the type of project that would suit your academic and personal qualifications.
7. **EXPECTATIONS:** What do you hope to gain from this study abroad experience, both academically and personally? Have you thought of ways in which you can build on this experience upon your return to campus? If so, how?
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 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:

CENTER FOR INTERNATIONAL AND INTERCULTURAL STUDIES  
St. Lawrence University  
Canton, New York 13617  
(315) 229-5991

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*St. Lawrence University subscribes fully to all federal and state legislation and regulations (including the 1964 Civil Rights Act, Executive Order 11246, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the IRA Anti-Bias regulation) and therefore encourages diversity regarding race, color, gender, religion, age, physical handicap, or national or ethnic origin in its programs and activities.*

# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## 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.)  
St. Lawrence Program in \_\_\_\_\_.

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

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**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

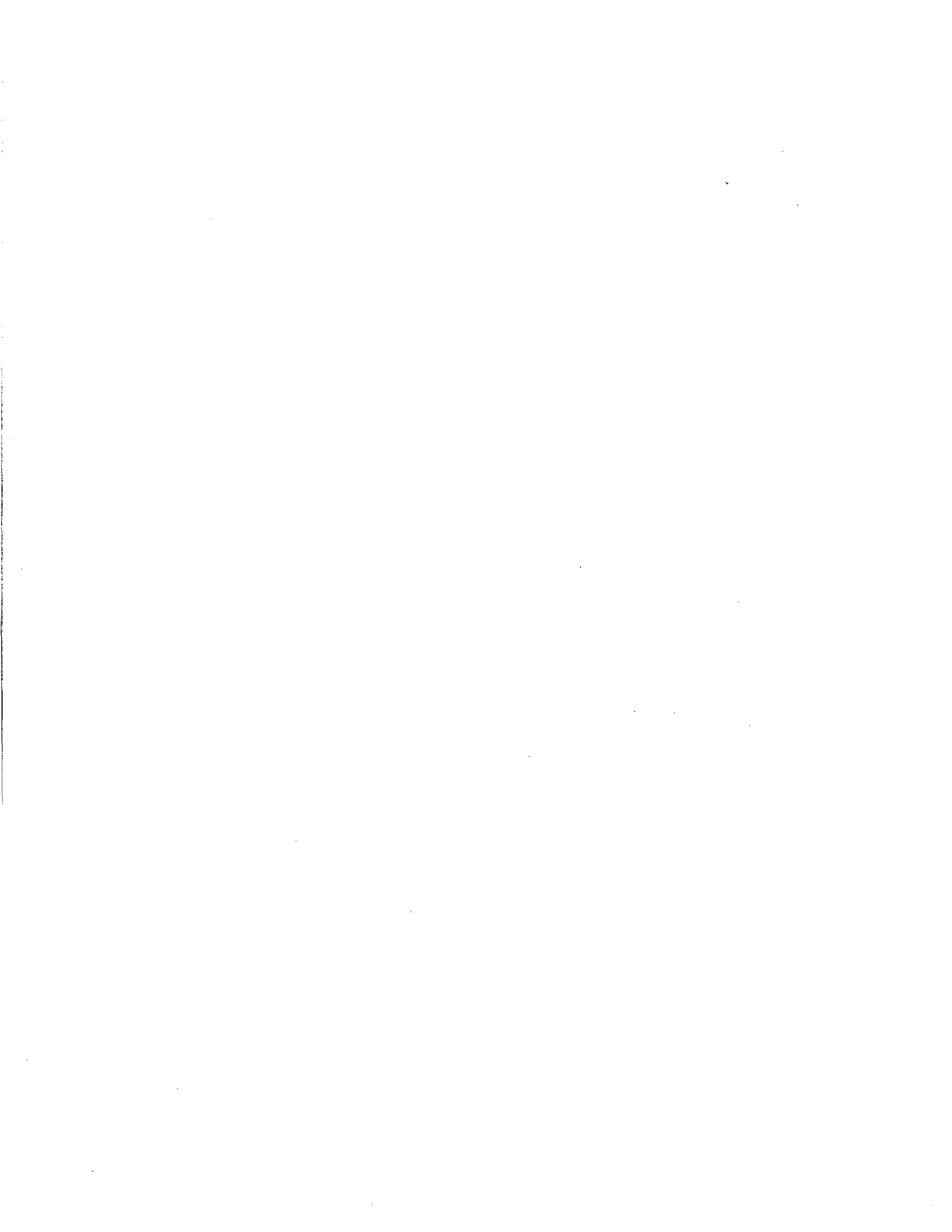
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**Part III: For Students planning to be off campus during the second semester of their senior year:** The student must pick up a Petition for Second-Semester Seniors from the Center for International & Intercultural Studies. Fill out the petition and return it to the Center for International & Intercultural Studies.

**RETURN THIS COMPLETED FORM TO:  
THE CENTER FOR INTERNATIONAL AND INTERCULTURAL STUDIES.**

advsrfm

The Patti McGill Peterson Center for International and Intercultural Studies

315-229-5991 • 315-229-5989 (fax)



# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## KENYA SEMESTER PROGRAM APPLICATION SUPPLEMENT

Every applicant for the Kenya Semester **must** complete the following *four* items:

**Item #'s 1-3** must be returned as part of your application to the Center for International and Intercultural Studies by the appropriate deadline: **September 10** for spring semester and **February 25** for fall semester.

1. Two 2"x2" photographs (passport-size, not copies of photos.) Please print your name on the back of your photos and attach with a paper clip to your Pupil's Pass Application.
2. Pupil's Pass Application: *[This is a government document. Please print neatly.]*  
**Place of Study:** Nairobi, Kenya.  
**Duration of Course:** August - December OR January - May  
(put appropriate year after the months).  
**Security:** Leave blank.
3. Resume (sample attached – you must use this format)
4. **Interview** - It is *your responsibility* to schedule an interview.

**SLU students:** Submit your application in person at the Center for International and Intercultural Studies and schedule a personal interview at that time.

**Non-SLU students:** Call the Center for International and Intercultural Studies at (315) 229-5991 from 8:30 a.m. - 4:30 p.m. ET (Monday through Friday) to schedule a telephone interview. Please see dates below:

*If you are applying for spring semester:* you must call our office between September 11 - September 14 to schedule your interview appointment.

*If you are applying for fall semester:* you must call our office between February 26 – March 1 to schedule your interview appointment.

The committee will not evaluate incomplete applications. If you have any questions, please do not hesitate to contact this office.

kenattac

The Patti McGill Peterson Center for International and Intercultural Studies

315-229-5991 • 315-229-5989 (fax)



**OFFICE OF THE PRINCIPAL  
IMMIGRATION OFFICER  
P.O. BOX 30191  
NAIROBI**

DATE \_\_\_\_\_

**PARTICULARS OF PASSPORT FOR KENYA PUPIL'S PASS APPLICATION**

NAME \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_

PLACE OF ISSUE \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_

PLACE OF STUDY \_\_\_\_\_

DURATION OF COURSE \_\_\_\_\_

SECURITY \_\_\_\_\_



## ***SAMPLE RESUME***

### **NOTE:**

It is very important that you include a resume with your application. The Kenya staff reviews your resume so they can help place you in an appropriate independent field study. Your resume should include all the information categories listed in the *sample resume* below. Use this format and be sure to list the St. Lawrence University Kenya Semester Program mailing address as shown below.

**NAME:** Mary Ellen Richards

**ADDRESS:** 1302 Carroll Street  
Brooklyn, NY 11213, USA  
and  
St. Lawrence University Kenya Semester Program  
P.O. Box 1128  
00502 – Karen  
NAIROBI

**PERSONAL:** BIRTHDATE: 28 April 1990  
CITIZENSHIP: American

**EDUCATION:** St. Lawrence University  
Canton, New York 13617, USA  
Degree Expected: Bachelor of Arts, May 2012  
Major Field: Government, concentration in Economics

**FIELD PLACEMENT GOALS:** *Refer to the answer that you listed in question # 6 on your application and summarize your field placement goals here.*

**RELEVANT COURSE WORK:** *Food: A Course on World Hunger  
World Politics  
Introduction to Political Science  
Political Anthropology  
Economics: Micro- and Macro-economics*

**EXPERIENCE:** **International Center in New York**, summer 2009  
Internship to assist world wide council members in the cultural and economic adjustments of living in the U.S. and New York City. Also served as an English tutor.

**Big Brother/Big Sister**, fall 2008  
Volunteered to work with economically disadvantaged children.

**New York City Transit Authority**, summer 2008  
Office aide with duties including: typing, filing, receptionist



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## AIRFARE ASSISTANCE

All recognized St. Lawrence University Programs Abroad charge students the same comprehensive fees they would pay on campus. However, airfare (in most cases) and spending money (in all cases) are additional costs. Students currently on financial aid will continue to receive it and may often increase their loans to accommodate extra expenses. In order to help with the cost of airfare for students on financial aid, St. Lawrence has several funds from which additional financial aid may be available. Only matriculated St. Lawrence University students may apply for these funds. Financial need is the sole criterion for selection. These funds are limited and, in most cases, students are required to pay for the first \$500 of the cost of the airline ticket.

This form must be submitted to the Center for International and Intercultural Studies by **February 25 for Year or Fall Semester Programs or September 10 for Spring Semester Programs**. Students must have a current financial aid form on file in the Financial Aid Office to qualify for this aid. If your student account has a zero balance, this aid will show as a credit amount and you can request a refund check from the Student Financial Services Office to help pay for the balance of your airline ticket. If you don't participate in the abroad program, the credit amount will be removed from your account.

I hereby request funds to help pay for *airfare* in support of my participation in the \_\_\_\_\_ program.

I am applying to this program for the (circle one):

Spring Semester      20 \_\_\_\_

Fall Semester        20 \_\_\_\_

Full Year              20 \_\_\_\_ - 20 \_\_\_\_

I have ( ) have not ( ) traveled abroad before (excluding Canada).

\_\_\_\_\_  
Name (Please Print)

SLU Student ID # \_\_\_\_\_

\_\_\_\_\_  
Signature

CMR # \_\_\_\_\_

- over -

c:\travel.funds.doc

The Patti McGill Peterson Center for International and Intercultural Studies

315-229-5991 • 315-229-5989 (fax)

## STUDENT BIOGRAPHICAL INFORMATION

If you apply for financial assistance to help with the cost of airfare to participate in an SLU abroad program, that money may come from a specific endowment fund established by a donor. We will use this information to let the donor know more about you. You may also be asked to send the donor a note of thanks – we will let you know. Please fill out this form completely, sign it, and return it with your other application materials. Thank you.

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Class Year: \_\_\_\_\_

Hometown: \_\_\_\_\_ State/Province: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Honors/Awards: \_\_\_\_\_

\_\_\_\_\_

Extracurricular activities at SLU: \_\_\_\_\_

\_\_\_\_\_

Varsity sport(s) and year(s) of participation: \_\_\_\_\_

\_\_\_\_\_

Work experience/summer jobs: \_\_\_\_\_

\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

What are your plans after graduation? \_\_\_\_\_

\_\_\_\_\_

Do you plan to attend graduate school? \_\_\_\_\_

If yes, what do you plan to study? \_\_\_\_\_

What are your long-term career goals? \_\_\_\_\_

\_\_\_\_\_

I give my permission to St. Lawrence University to share this information with the appropriate donor.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## 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** \_\_\_\_\_

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*To the evaluator:*

This evaluation is due **February 25** for study in the **fall** or **year** programs, and **September 10** for study in the **spring**. The deadlines for submission of the evaluation letter are crucial since selection committees 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 to:**

Center for International and Intercultural Studies  
Carnegie 108  
St. Lawrence University  
Canton, NY 13617

letter.eval.fac.doc

# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## 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 25** for study in the **fall** or **year** programs, and **September 10** for study in the **spring**. The deadlines for submission of the evaluation letter are crucial since selection committees 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 to:**

Center for International and Intercultural Studies  
Carnegie 108  
St. Lawrence University  
Canton, NY 13617

letter.eval.fac.doc

# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

**Letter of Evaluation: Outside-the-classroom  
Administrative, Staff, or Faculty Member or Director of former program  
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 a 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**\_\_\_\_ **Spring 20** \_\_\_\_ **or Academic year 20** \_\_\_\_ - **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 25** for study in the **fall** or **year** programs, and **September 10** for study in the **spring**. The deadlines for submission of the evaluation letter are crucial since selection committees 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., homestays, 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 to:**

Center for International and Intercultural Studies  
Carnegie 108  
St. Lawrence University  
Canton, NY 13617

# ST. LAWRENCE UNIVERSITY

Canton, New York 13617

## REGISTRAR'S RELEASE STATEMENT

**This form should be submitted to the Registrar at least one week prior to the application deadline.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Program: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

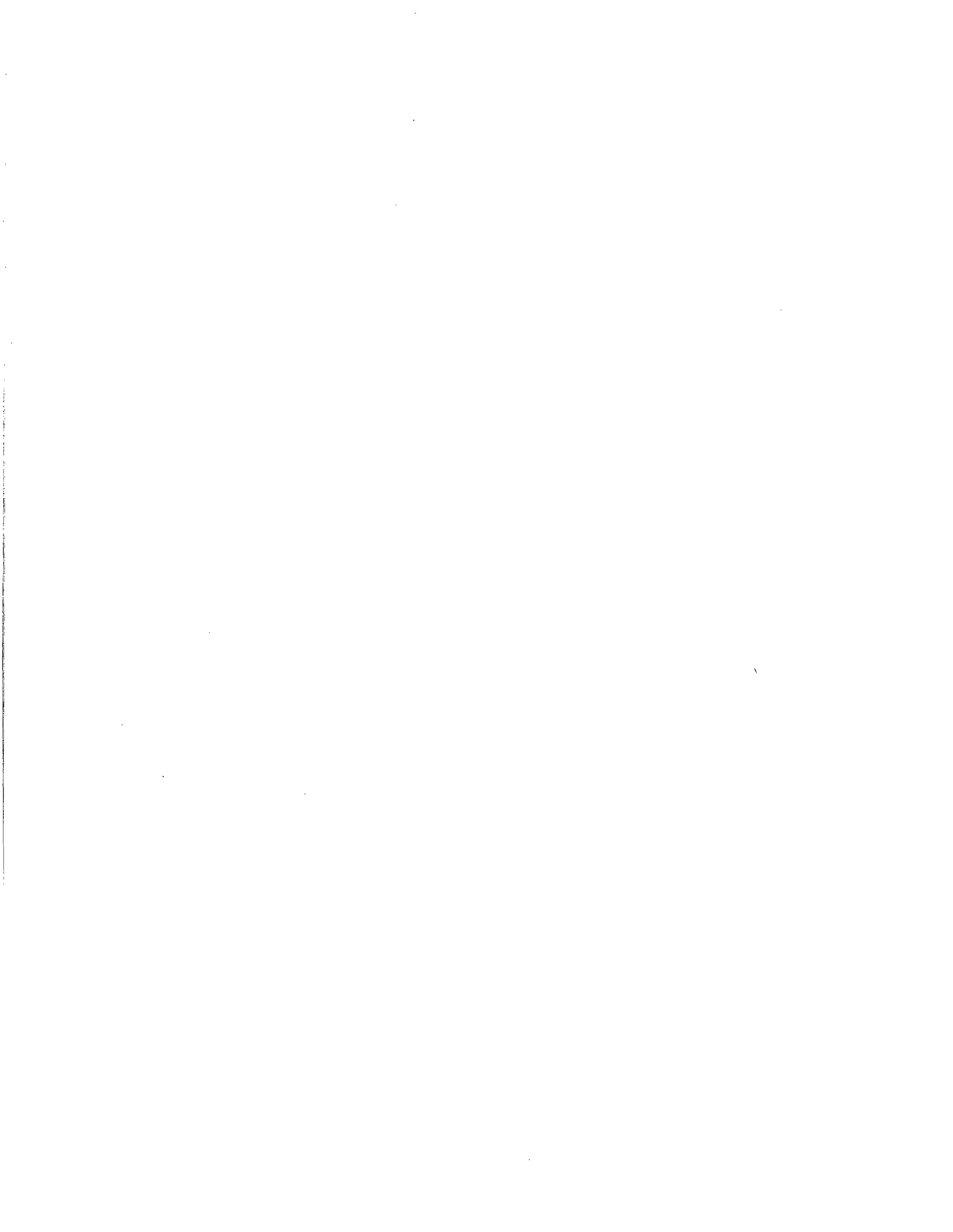
**Directions:** **For SLU Students:** Please fill in the information above and give this form to the Registrar's Office. They will release an *advising* copy of the transcript to the Center for International and Intercultural Studies.

**For Non-SLU Students:** Please fill in the information above and arrange with the Registrar of your home institution to have an *official* transcript sent to:

Center for International & Intercultural Studies  
St. Lawrence University  
Canton, NY 13617

*Note to the Registrar:* Please forward grades from this current semester to the Center for International and Intercultural Studies when they are available.

regrelfm



## 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 (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 faculty leader. A **medical report** should accompany this notification for review by the Director of Health Services.

The following items must be received by the Center for International and Intercultural Studies on or before **September 10** or **February 25**:

FOR SLU STUDENTS:

- Medical report form - Part I and II
- Medical release – Part III
- Physician/Counselor report – Part IV (if applicable)

FOR NON-SLU STUDENTS:

- Medical report form – Part I and II
- Medical release – Part III
- Physician/Counselor report – Part IV (if applicable)
- Copy of immunization record
- Health records & pre-admission physical from your school's health center

NON-SLU STUDENTS: Please have your records sent to:

Center for International & Intercultural Studies  
St. Lawrence University  
Canton, NY 13617  
FAX: (315) 229-5989



**I. GENERAL INFORMATION**

Program: \_\_\_\_\_  
(location / country)

Name: \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of university/college: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street address) (city) (state) (zip)

**II. 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 IV.**

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

Please contact the Torrey Health and Counseling Center staff at 315-229-5392 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: CENTER FOR INTERNATIONAL STUDIES  
ST. LAWRENCE UNIVERSITY  
CANTON, NY 13617**

**III. 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 II, ITEM(S) 10 AND/OR 11, MUST HAVE THE PHYSICIAN/COUNSELOR PRIMARILY RESPONSIBLE FOR TREATMENT COMPLETE SECTION IV ON THE REVERSE SIDE OF THIS FORM.**

Student Name \_\_\_\_\_

Program \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my medical/psychiatric record will be reviewed by the Medical Director on my campus (for Non-SLU students), the St. Lawrence University Torrey Health and Counseling Center staff (for all students), the program director, and administrators at the Center for International & Intercultural Studies. I understand it's critical that administrators have my current, accurate medical information. Therefore, I agree that my immunization record and recent medical visits can be released.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone number \_\_\_\_\_

**FOR SLU STUDENTS:** The Torrey Health & Counseling Center will forward your relevant medical & immunization records currently on file to the Center for International & Intercultural Studies.

**FOR NON-SLU STUDENTS:** Your medical & immunization records must be sent to:

Center for International & Intercultural Studies  
St. Lawrence University  
Canton, NY 13617  
Fax: (315) 229-5989  
Phone: (315) 229-5991

Applicant's Name \_\_\_\_\_ Program \_\_\_\_\_

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

IV. 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 St. Lawrence University 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: \_\_\_\_\_