UNIVERSITY of HOUSTON – YBRA
FIELD CAMP APPLICATION

INSTRUCTION: Complete this application and email it to jlparker9@uh.edu. Along with this application, submit also: **(1)** proof of insurance, and **(2)** a copy of your **unofficial** transcript. Note that non-UH students will be required to submit an official transcript at a later time.
Application Deadline: February 15, 2017

Name:
Last *First* *Middle*

Date of Birth: **Gender:** ☐ *Male* ☐ *Female*

Permanent Address:
Number *Street* *Apt. #*

City *State* *Zip Code*

Phone Number: **Alternative Phone Number:**

Email Address:

Emergency Contact Name: **Emergency Contact Phone Number:**

University/College of Current Enrollment:

Status: (*as of Spring 2017*)
- ☐ *Freshman*
- ☐ *Sophomore*
- ☐ *Junior*
- ☐ *Senior*
- ☐ *Graduate*

Major:

Cumulative GPA:

Graduation Date:

List the courses you have taken or are taking in Earth Sciences

Course Name	Grade	*If no grade, complete by June 2015?*
		n/a
		n/a
		n/a
		n/a
		n/a
		n/a
		n/a

Plan of field camp enrollment:

☐ Geology session 1 (6/5 – 7/9/2017)
☐ Geology session 2 (7/9 – 8/12/2017)
☐ Geophysics (5/17 – 5/28/2017)

How many credit hours of Geology Field Camp will you be taking?
- ☐ 6 credit hours
- ☐ 3 credit hours

Name of faculty or academic advisor who can verify your academic information: **Email Address:**

Do you have a physical or medical condition that might limit your ability to participate in the often strenuous physical activities of a geology field course? If your answer is "yes", you must obtain and submit written permission from your doctor allowing your participation in our field camp program. ☐ Yes ☐ No

Geology Field Camp: I acknowledge that I can hike up to 5 miles with an elevation gain of up to 1,000 ft in hot weather.
Geophysics Field Camp: I acknowledge that I can work full days outdoors in summer conditions in the Galveston vicinity. ☐ Yes ☐ No

Student attending field camp are required to carry health insurance for the duration of field camp. Please provide the name of your insurance provider:

I certify that all entries on this application are complete and accurate to the best of my knowledge.

Student Name *Date*