

Ontario Universities Program in Field Biology Application Form

| Office Use Only | |
|-----------------------|-------|
| Application Date/ No. | _____ |
| Deposit paid (Y/N) | _____ |
| Confirmed Host/Mod # | _____ |

Instructions to Complete:

- a) Print this form
- b) Fill in the form **COMPLETELY**
- c) Make a copy of the application for your records
- d) Staple your nonrefundable deposit cheque to this front page **(\$350)**
- e) Submit this original form and your deposit to **your university's OUPFB Coordinator**
- f) Submit a **separate** application for each module (i.e., each additional course credit) you wish to take
- g) Nb. Grades are released two months after the completion of a field course. Do not apply for a field course if you require your grade before this time, without consulting with the field course Instructor first.

Once you have submitted your deposit with your application, we will try our best to ensure that you will be enrolled in a field module. It is understood that should you not get into your first choice, the coordinator will choose one of your alternatives (if you have indicated one). *Enrolment in each module is limited so everyone may not be given their first choice. Therefore, please list alternatives (on page 2).*

Students who drop a field course should not expect a refund of any field course costs. Students are encouraged to purchase cancellation insurance if airline tickets are required. In the event you need to withdraw, you are to notify your university's **OUPFB Coordinator** - **please DO NOT go directly to the Instructor of the Module**. Students are responsible for any fees incurred by the home or host institution as a result of a bounced deposit or module fee cheques.

Contact Information

Last Name: _____ First Name: _____

University: _____ Student No.: _____ Gender¹ _____

¹ Gender information is used to allocate accommodations

Email (university email address): _____

Telephone: Current: _____

Cell: _____

Permanent: _____

Current Address: No., Street (Apt.) _____

City, Prov., Postal Code _____

Permanent Address: No., Street (Apt.) _____

City, Prov., Postal Code _____

Module Choices

1st Module Choice:

Do you meet the Prerequisites²?

Module # _____ Host Univ. _____

Yes No

Module Title: _____

2nd Module Choice:

Module # _____ Host Univ. _____

Yes No

Module Title: _____

3rd Module Choice:

Module # _____ Host Univ. _____

Yes No

Module Title: _____

² If you do not have a prerequisite for a module, it is your responsibility to contact the course Instructor for permission to take the course.

Academic Information

Please attach a computer printout of your academic record. An official transcript is not necessary. Circle or highlight (with marker) all biology and statistics courses taken, include the final grade received.

Program Name: _____ Current year of study: 1st 2nd 3rd 4th Other: _____

Have you taken an OUPFB field course before? If yes, list previously attended field module(s): Yes No

Year: _____ Module #: _____ Title: _____

Year: _____ Module #: _____ Title: _____

Other Information

• Do you have any Access and Accommodation requirements that may affect your participation in fieldwork? ³ Yes No

• Do you have any Religious Accommodation requirements? ³ Yes No

³ If you have answered yes to either of these two questions, it is your responsibility to have your Accommodations Office contact the Instructor at least 2-3 months in advance of the course to discuss requirements, and to determine if your needs can be addressed.

• Do you have any allergies, dietary restrictions, or special medications that the Instructor will need to be aware of? In providing this information, you are giving consent to disclose this information to the course Instructor. If yes please identify below: Yes No

Photo/Video Release

• I give permission to freely grant the Host University permission to publish photographs or videos taken of me during the Field course for Departmental photo board and/or website educational or promotional activities Yes No

Student Name (please print)

Student Signature

Date

Acknowledgement and Assumption of Risk

Student Name: _____

Nature of Trip: **Field Biology Course**

I am aware that during field trips, exchanges or other excursions in which I am participating under the arrangements of _____ (name your University; hereinafter referred to as the University) (Ontario Universities Program in Field Biology), certain risks and dangers may occur, including but not limited to the hazards of traveling, accidents or illnesses in remote places without medical facilities, the forces of nature and travel by air, train, automobile or other means as well as exposure to customs and practices of societies different from our own. Accordingly, I understand that despite its effects, the University may not be able to ensure my complete safety at all times from such risks and dangers.

More particularly, I appreciate the University does not carry accident or injury insurance for my benefit and also that there may be certain matters for which I could be held at fault personally if the accompanying circumstances do not relate to or arise from my education or if my activities or conduct fall short of what would be considered a reasonable standard for an individual in my position. In these cases, I agree to be accountable in all respects for my own actions and not to ask the University or its employees to accept the consequences thereof; further, I agree to be responsible for any claims made against the University in relation to such actions.

I acknowledge that I have read and fully understand the outlines and "An Average Day – What to Expect" descriptions of my three chosen modules, as well as the need to act in a responsible manner at all times. I understand that I may be asked to sign additional waivers from the Host university once it has been determined which module I've been accepted to.

My signature below is given freely in order to indicate my understanding the acceptance of these realities and in consideration for being permitted by the University to participate in the above-mentioned Program.

Student Name (please print)

Student Signature
(sign in presence of Witness)

Date

Witness of above signature: _____