

# ONTARIO UNIVERSITIES PROGRAM IN FIELD BIOLOGY (OUPFB) **APPLICATION FORM**

Instructions for completion:

1. Fill in the form **COMPLETELY**.
2. Prepare your deposit of **\$350 for your home university**. If you are planning to attend more than one module, an additional deposit is required for each.
3. Make a photocopy of the application for your records.
4. Submit original form and deposit to **your home university's OUPFB Coordinator**.
5. If accepted to the field program, send payment **balance** to the **host university** by the deadline specified in the module description.
6. Register for the field course at your home university, as instructed by your OUPFB Coordinator. **Tuition at your home university is in addition to any module costs.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

University: \_\_\_\_\_ Student Number: \_\_\_\_\_ Female  Male \*

\*This information is used for purposes of allocating accommodations

Preferred Mailing Address (you may receive information this way):

\_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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(s), 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(s). 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 bounced deposit or module fee cheques.

*I have read the above and understand completely.*

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PLEASE DO NOT WRITE IN THIS SECTION**

Student's University: \_\_\_\_\_ Application Date: \_\_\_\_\_ Application No.: \_\_\_\_\_

Final Placement (Module #) \_\_\_\_\_ University Host: \_\_\_\_\_

Final Placement (Module #) \_\_\_\_\_ University Host: \_\_\_\_\_

## MODULE CHOICE(S)

### 1<sup>st</sup> Course Selection:

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

### 1<sup>st</sup> Course Selection Alternate Choice(s) in order of preference:

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

### 2<sup>nd</sup> Course Selection:

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

### 2<sup>nd</sup> Course Selection Alternate Choice(s) in order of preference:

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

### 3<sup>rd</sup> Course Selection:

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

### 3<sup>rd</sup> Course Selection Alternate Choice(s) in order of preference:

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

Module # \_\_\_\_\_ Host Univ. \_\_\_\_\_ Module Title: \_\_\_\_\_

Please check here  if you meet the prerequisites for ALL the modules you've listed above. If you do not have a prerequisite for one or more modules, indicate them here: \_\_\_\_\_

## 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.

Check off current year of study: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Other: \_\_\_\_\_

Program name: \_\_\_\_\_

Have you taken an OUPFB field course before? Yes  No

If yes, list previously attended field module(s) by name and year:

Year: \_\_\_\_\_ Module #: \_\_\_\_\_ Module: \_\_\_\_\_

Year: \_\_\_\_\_ Module #: \_\_\_\_\_ Module: \_\_\_\_\_

## OTHER INFORMATION

Please indicate any allergies, dietary restrictions, or other concerns you would like us to be aware of (e.g. disabilities). Attach an additional page if necessary:

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

# ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

Student's Home University: \_\_\_\_\_

Please complete and return this form to your University OUPFB Coordinator with your application form.

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

Nature of Trip: **Field Biology Course** Date of Trip: \_\_\_\_\_

I am aware that during field trips, exchanges or other excursions in which I am participating under the arrangements of \_\_\_\_\_ (Home 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. I understand that the OUPFB (Ontario Universities Program in Field Biology) and its member institutions are committed to the inclusion and full participation of all students but some course specific essential requirements may apply. Accordingly, I understand that 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 maybe 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 also understand that the OUPFB and its member institutions will not tolerate any form of harassment or discrimination on the basis of the Ontario Human Rights Code grounds: Race, Colour, Ancestry, Creed (religion), Place of Origin, Ethnic Origin, Citizenship, Sex (including pregnancy, gender identity), Sexual Orientation, Age, Marital Status, Family Status, Disability, or Receipt of Public Assistance. In addition, it will not tolerate acts of assault, intimidation or personal harassment against individuals or groups for any reason.

I acknowledge that I have been advised by the University of such risks and dangers as well as the need to act in a responsible manner at all times. 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.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Sign in presence of Witness)

Witness of above signature: \_\_\_\_\_