

ONTARIO UNIVERSITIES PROGRAM IN FIELD BIOLOGY APPLICATION FORM

Instructions for completion:

- a) Fill in the form **COMPLETELY**.
- b) Staple your deposit cheque to the front page (**\$250**).
- c) Make a photocopy of the application for your records.
- d) Submit a **separate** deposit cheque for each module applied.
- e) Submit original form and deposit to your university's OUPFB Coordinator.

LastName: _____ FirstName: _____

University: _____ Student Number: _____ Female Male *

*This information is used for purposes of allocating accommodation.

Current Address: _____ Permanent Address _____

City: _____ City: _____

Province: _____ Postal Code: _____ Province: _____ Postal Code: _____

Telephone: () _____ Telephone: () _____

Email: _____ 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).*

In the event you need to withdraw, you will only be refunded your deposit if the instructor allows it. You are to notify your university's **OUPFB coordinator** -- **PLEASE DO NOT GO DIRECTLY TO THE INSTRUCTOR OF THE MODULE.**

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)

1st Course Selection:

Module # _____ Host Univ. _____ Module Title: _____

1st Course Selection Alternate Choice(s) in order of preference

Module # _____ Host Univ. _____ Module Title: _____

Module # _____ Host Univ. _____ Module Title: _____

2nd Course Selection:

Module # _____ Host Univ. _____ Module Title: _____

2nd Course Selection Alternate Choice(s) in order of preference

Module # _____ Host Univ. _____ Module Title: _____

Module # _____ Host Univ. _____ Module Title: _____

3rd Course Selection:

Module # _____ Host Univ. _____ Module Title: _____

3rd 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, including the final grade received.

Check off current year of study: 1st 2nd 3rd 4th Other: _____

Program name: _____

Have you taken an OUPFB field course before? Yes No

List previously attended field module(s) by name and year:

Year: _____ Module #: _____ Module: _____

Year: _____ Module #: _____ Module: _____

Please include other information you consider relevant to your application:

ACKNOWLEDGMENT 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. 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 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: _____