Boise State University

DEPARTMENT OF GEOSCIENCES

FIELD CAMP - SARDINIA, ITALY

APPLICATION FORM

Name:_____ Date:_____

Last First M.I.

Address:_____ Phone: _____

_____

_____ email: _____

COLLEGES AND UNIVERSITIES ATTENDED (most recent first):

Institution	Dates (from - to)	Major	degree received/expected (date)

COURSE LIST - Please list all Geoscience courses that will be completed prior to Field Camp

Institution	Department	Course Title	Instructor	Credits	Grade

NOTE: Field exercises in this class require **strenuous activity in areas with steep topography**. Are you aware of any condition(s) you may have that would impact your ability to participate fully in these activities? Check appropriate box: ☐ Yes ☐ No

If yes, please provide a written explanation (attach additional sheet(s) as necessary).

CONTACT INFORMATION FOR TWO REFERENCES:

Name:_____ Name:_____

Phone: _____ Phone: _____

email: _____ email: _____