

UNIVERSITY OF ILLINOIS/CHICAGO DEPARTMENT OF ANTHROPOLOGY
SUMMER ARCHAEOLOGICAL FIELD SCHOOL 2009
APPLICATION FOR PERMISSION TO REGISTER
(please write clearly and provide complete information)

Name: _____

Address: _____

Email address(es): _____

Academic Status: _____ Non- UIC _____ Enrolled at UIC, and if so, UIN #: _____
If Non-UIC, specify:
Other Institution: _____

or Previous degree(s): _____

Year completed by Summer 2009:

_____ H.S. _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Grad

Major, Minor, & subfield: _____

Overall gradepoint average: _____

Related fields of interest (e.g., History, Geology): _____

List any Archaeology courses taken: _____

Statement. Why are you interested in this course and what do expect to get out of it? (You may continue on or reference a separate sheet [with your name on it])

The Field School involves but is not limited to: strenuous physical labor; exposure to excessive heat, humidity, and sun; hiking over rugged terrain; overnight camping. Do you have any physical limitations that may affect your ability to participate in such activities? If so, please explain:

Will you be covered by Health Insurance from June 15 to August 7, 2009? If so, specify the coverage:

References. Provide two character references. Indicate for each: Name; title; relationship; location; and phone #(s).

(1) _____

(2) _____

Mail completed form to: Dr. Thomas J. Loebel; Dept. of Anthropology M/C 027;
1007 W. Harrison St.; University of Illinois at Chicago; Chicago, IL 60607