



**Immunization documentation is required for those born AFTER 12/31/56. Immunization must have been received after 12/31/79.**

**MEXICO: Ethnographic Field School**

Please print or type

LEGAL NAME (LAST, FIRST, MIDDLE)*		SOCIAL SECURITY NO.+		<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE	
ADDRESS (NO. STREET APT)*		CITY STATE ZIP CODE COUNTRY*			EMAIL ADDRESS*
PHONE (INCLUDES AREA CODE)*	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE (MO DAY YR)*	BIRTHPLACE (CITY STATE COUNTRY)*		
CITIZENSHIP* <input type="checkbox"/> U.S. <input type="checkbox"/>		(SPECIFY COUNTRY)			
TYPE OF VISA IF NOT U.S. CITIZEN <input type="checkbox"/> STUDENT (F-1) <input type="checkbox"/> EXCHANGE VISITOR (J-1) <input type="checkbox"/> PERMANENT RESIDENT (IMMIGRANT) <input type="checkbox"/>		OTHER (SPECIFY)			
PREDOMINANT CULTURAL/ETHNIC BACKGROUND (REQUIRED FOR FEDERAL REPORTING)** <input type="checkbox"/> HISPANIC (1) <input type="checkbox"/> AFRICAN AMERICAN, NOT HISPANIC <input type="checkbox"/> ASIAN AMERICAN OR PACIFIC ISLANDER <input type="checkbox"/> WHITE, NOT HISPANIC <input type="checkbox"/> AMERICAN INDIAN (2) OR ALASKAN NATIVE					
1 IF HISPANIC SELECT NATIONAL ORIGIN/ANCESTRY** <input type="checkbox"/> CHICANO/ MEXICAN AMERICAN <input type="checkbox"/> CUBAN AMERICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/>			OTHER (SPECIFY)		
2 IF AMERICAN INDIAN PRINT TRIBAL MEMBERSHIP**					
ARE YOU A VETERAN (OR CURRENTLY IN MILITARY SERVICE) <input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU PREVIOUSLY REGISTERED FOR CREDIT COURSEWORK AT ARIZONA STATE UNIVERSITY) <input type="checkbox"/> Yes <input type="checkbox"/> No		SEMESTER AND YEAR LAST ATTENDED ASU	

+ Disclosure of your Social Security Number is voluntary, but will aid in matching your current and future records, insuring that you will receive full credit for all academic work.

\* Denotes information which may be given out in response to general inquiry unless applicant makes a written request specifically prohibiting its release.

\*\* Optional information.

**Name and address of Person(s) to contact in Case of Emergency:**

1) NAME		RELATIONSHIP
HOMEPHONE	WORKPHONE	
Does this person have a current passport? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, please identify an additional contact with a current passport.		
2) NAME		RELATIONSHIP
HOMEPHONE	WORKPHONE	
May the above individuals be contacted to assist with financial and administrative business on your behalf?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: if your parents are not listed above, ASU will not release information to them without your express permission. May we release information to your parents if they are not listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Submit Application** with check/money order of \$100 payable to: "ASU Summer Sessions" to: Stefanie Bobar, Center for Latin American Studies, Arizona State University, PO Box 872401, Tempe, AZ 85287-2401; Office: Social Sciences Building, Room 213; Phone: (480) 965-4191 Fax: (480) 965-6679; E-mail: <Stefanie.Bobar@asu.edu.>.

## CANCELLATION POLICY

All students withdrawing from a program must provide a written statement to their program director, Dr. Michael Winkelman

- 1) The \$100 deposit is non refundable.
- 2) Refunds, on payments made not including the \$100 deposit, will be issued until April 4, 2003.
- 3) Students whose written withdrawal statement is received after April 4, but prior to 30 days before the beginning of their program MAY be granted a partial refund.
- 4) No refunds will be granted for students whose written withdrawal statement is received within 30 days of the beginning of their program.

I attest that I have read the above and that all the information given is accurate.

\_\_\_\_\_  
Students signature

\_\_\_\_\_  
Date

You must register for 7 credits. **Please select courses by checking the appropriate boxes and grade options by circling the correct response.** 100, 200, 300 & 400 level are for undergraduate credit and 500 level courses are for graduate credit. ASU students who want to obtain Honors credit should inform the Program Coordinator.

COURSE		CREDIT HOURS		
<b>SESSION 1</b>	<b>June 9 -- July 4, 2003</b>			
<input type="checkbox"/> ASB 302	Ethnographic Field Study in Mexico	<b>3</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> ASB 494	Contemporary Mexican Culture	<b>3</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> ASB 583	Field Work	<b>4</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> SPA 101	Elementary Spanish	<b>4</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> SPA 201	Elementary Spanish	<b>4</b>	<b>Grade</b>	<b>Audit</b>
<b>SESSION 2</b>	<b>July 7 -- August 1, 2003</b>			
<input type="checkbox"/> ASB 302	Ethnographic Field Study in Mexico	<b>3</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> ASB 394	Cultures in Baja California	<b>3</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> ASB 494	Ethnographic Research Methods	<b>3</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> ASB 494	Contemporary Mexican Culture	<b>3</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> SPA 500	Research Methods	<b>3</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> SPA 102	Spanish	<b>4</b>	<b>Grade</b>	<b>Audit</b>
<input type="checkbox"/> SPA 202	Spanish	<b>4</b>	<b>Grade</b>	<b>Audit</b>

1. Do you have health/physical difficulties which would require special assistance?

yes       no

If yes, please specify \_\_\_\_\_

2. Please list prescription medications you are currently taking:

3. Please list any allergies you have to medications, foods, or other substances:

4. Are you on a special diet? (i.e. vegetarian)

yes       no

If yes, please specify \_\_\_\_\_

5. Have you traveled to locations outside of the United States?

yes       no

If yes, please specify where and when \_\_\_\_\_

6. **Permanent Address:** (especially for mail in late May and early June)

\_\_\_\_\_  
\_\_\_\_\_ phone #: \_\_\_\_\_

7. Year in school:      Freshman      Sophomore      Junior      Senior      Graduate

Anthropological Experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Spanish courses & experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Field School Research Plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. I authorize ASU Summer Sessions to use photos of me or taken by me in promotional materials.

yes       no

11. I authorize ASU Summer Sessions to provide my hometown newspaper with information that I will be studying abroad. Name of newspaper \_\_\_\_\_

yes       no

