



5400 – Science Department
Lansing Community College
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Lansing, Michigan 48901-7210
Phone: (517) 483-1092 Fax: (517) 483-1003

Student Profile – 2009
BIOL 287 – Tropical Aquatic Ecosystems
Field Study to Puerto Rico

Please print, type or edit in your word processing program.

The completed document can be mailed or submitted by email directly to Sylvia Heaton (see contact information below).

Name: _____
Last First MI

Address: _____
Number Street Apt. #

_____ City State Zip Code

Telephone #: (____) ____ - ____ E-Mail: _____

Date of Birth: _____

Are you a citizen of the United States?

If Yes , what is your place of birth: _____,
(City, State)

If No , in what country do you hold citizenship? _____.

Do you have a valid passport? Yes , No . Expiration Date: _____
Day / Month / Year

Education

Present College/University _____

Year: Freshman _____ Sophomore _____ Junior _____ Senior _____

Major(s): _____

Completion Date and Degree Expected: _____, _____
Date Degree

Other Institutions of Higher Learning Attended:

<u>Name of Institution</u>	<u>Dates From-To</u>	<u>Area of Study</u>	<u>Degree Granted</u>
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Work and/or Experience related to biology, ecology, and chemistry

Special Training/Certification (e.g., W.S.I., CPR, first aid, SCUBA certification)

Health Status

Do you have any disabilities, physical, mental or medical, which would interfere with your ability to perform the activities of the trip in Puerto Rico (e.g., moderate to strenuous hiking, kayaking, swimming/snorkeling)?

Yes , No . If yes, please explain:

Dietary Restrictions

Do you have any dietary restrictions? If yes, please list them below. _____

I have no dietary restrictions.

Additional Information

Do you speak Spanish? Yes , No . If yes, assess your level of competency:

Have you traveled to a foreign country? Yes , No If yes, where and how long?

In the event that we need to contact someone on your behalf during the trip, please fill out the emergency information in the section below.

Emergency Contact Information			
Last Name		First Name	
Number	Street	Apt. #	
City	State	Zip Code	
Telephone #	() -		
Alternate phone #	() -		

Please write one to two paragraphs on why you are interested in attending the Field Study in Puerto Rico, 2009. (Please attach this written portion of the profile as a separate page to this document.)

THE INFORMATION IN THIS STUDENT PROFILE IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE THAT I HAVE READ ALL OF THE COURSE GUIDELINES AND AGREE TO ABIDE BY THEM DURING THE TRIP.

Signature

Date

WAIVER

I hereby waive my right of access to confidential statements and recommendations which will become a part of my records in the Science Department or the International Programs Office. This waiver, which I understand I am not obligated to sign, can only be revoked in writing and only with respect to confidential statements and recommendations placed in my files subsequent to written revocation.

Signature

Date

Email: heatons3@lcc.edu

COURSE TRIP GUIDELINES

I agree to abide by all rules and regulations of Lansing Community College (LCC) while participating in the BIOL 287, Field Study in Puerto Rico course. I will comply with the laws, rules, regulations, and customs of the Commonwealth of Puerto Rico. I understand that I am an ambassador of my school, city, state, and country, and that it is important to conduct myself in an appropriate manner.

The faculty leader shall have the right to dismiss me from the program at any time if my conduct violates LCC students' rules and regulations; and/or I violate laws, rules and regulations, or customs of the Commonwealth of Puerto Rico, its communities, institutions, and programs; and/or the faculty leader has reasonable cause to believe that my continued presence in the program constitutes a danger to the health or safety of persons or property or threatens the future viability of the program. The following behaviors are among those that may result in immediate dismissal from the program: alcohol abuse; physical or sexual assault; possession, use, or distribution of illegal drugs; setting a fire or possession of explosives; possession of a weapon; theft. The faculty leader may temporarily suspend me pending final resolution of the matter.

The College assumes no responsibility for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel or transportation reservations, missed carrier connections, sickness, injuries (including death), losses, damages, weather, strikes, acts of God, public health risks, criminal activity, terrorism, expense, accident or damage to property, inconveniences, failure or negligence of any nature in connection with any accommodations, restaurant, transportation, or other service of for any substitution of hotels of common carrier beyond the College's control, with or without notice, or for any additional expenses occasioned by any of the foregoing. If due to weather, flight schedules or other factors, I am required to spend additional nights, the College will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property is transported at my risk entirely. I understand that any travel before or after the program dates will not be affiliated with the College.

In the event of serious illness, accident, or emergency, my designated emergency contact, indicated below, may be notified. I shall inform the faculty leader of problems that arise during my stay abroad so that assistance can be provided.

The trip fee I pay to Passageways Travel is non-refundable for any reason, including but not limited to withdrawal due to health or family emergency. I shall be solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal or dismissal from the program prior to its completion, including but not limited to withdrawal or dismissal for reasons of health, family emergency, illegal drug use or alcohol abuse, legal detention, or disciplinary action by a representative of LCC.

I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby release and forever discharge the College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all injuries, illnesses, damages, losses (including death) I sustain to my person or property or both, including but not limited to any claims, actions, damages, expenses, and costs, including attorney fees, which arise out of, result from, occur during or are connected in any manner with my participation in the program and/or any related travel.

I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify, defend and hold harmless the College and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees that they or any of them incur or sustain as a result of any claims, actions, damages, expenses, and costs, including attorney

fees, which arise out of, occur during or are in any way connected with my participation in the program or any related travel.

This agreement is to be construed under the laws of the State of Michigan, USA; and if any portion of this agreement is held invalid, the balance of this agreement shall, notwithstanding, continue in full legal force and effect.

In signing this document, I acknowledge that I have read this entire document, understand its terms, agree to the terms stated, and have signed it knowingly and voluntarily.

Name (*printed*):

First

M.I.

Last

Signature:
