

UNIVERSITY OF ALASKA FAIRBANKS

Field Camp Part 2 Application - Non UAF Student

Department of Geosciences Box 755780 Fairbanks, Alaska 99775-5780

DUE FEBRUARY 17, 2025

Full Legal Name:				
	last or family name	first	middle	
Date of Birth:				
Current Mailing Address:				
Current Until (date):		Current Phone: ()		
Permanent Mailing Address:				
Permanent Phone: ()		Email Address:		
Emergency Contact Person:		Relationship:		
Address:		Phone: _()		

POST SECONDARY EDUCATION Please list below all universities and colleges attended:

University/College Name	City and State	Dates Attended	Credits Earned	GPA	Degree & Date Earned/Expected

Prerequisites: C or better in Structural Geology, Tectonics, Paleobiology/Paleontology, Petrology and Stratigraphy/Sedimentology. Must have Junior Standing and permission of instructor.

Please attach a copy of official transcript(s).

GEOLOGY COURSE WORK Please list below all Geoscience classes taken and include classes you are currently enrolled in:

University/College		Course	Date	Credits	
Name	Course Name	Number	Taken	Earned	Grade

University/College	Course Name	Course	Date	Credits	
Name		Number	Taken	Earned	Grade

Check any/all that apply:

How did you learn	Internet 🛛	Friend	UAF Faculty]
about UAF field camp?	Schola	rly Publications	Other:	

REFERENCES AND APPLICANT EVALUATION

Please list names, phone numbers, e-mails, addresses and titles of at least three people capable of describing your character and ability to undertake fieldwork and field camp. These should be people familiar with your academic performance and capability/potential for field work

Have one of them complete and sign the attached Applicant Evaluation form and send it by email or regular mail to the field camp Director Dr. Jochen Mezger.

1	 	 	
2			
3			

PHYSICAL CONDITIONING: GEOS **455B** requires long days of strenuous hiking (5-8 miles) with significant elevation gain (~1,500ft./day) in order to see the geology and make the observations needed to understand the mapping areas. Your field work will be more enjoyable and productive if you start incorporating frequent physical exercise into your routine activities in the months before the class begins.

DISABILITIES SERVICES: The UAF Office of Disability Services implements the Americans with Disabilities Act (ADA), and insures that our students have equal access to the campus and course materials. UAF is committed to equal opportunity for all students. If you have a documented disability, or if you suspect you have a disability, you must inform us in your application. We can only make appropriate accommodations for your disability if you inform us well in advance. If you have a specific undocumented physical, psychiatric, or learning disability, you will benefit greatly by providing documentation of your disability to Disability Services in the Center for Health and Counseling, 907-474-7043, TTY 907-474-7045.

List any documented disabilities which will impair your ability to participate in this class:

List any potential disabilities which will impair your ability to participate in this class:

□ I am planning to have these potential disabilities evaluated and documented.

ALL APPLICANTS PLEASE READ AND SIGN THE FOLLOWING:

I understand that withholding information requested on this application may make me ineligible for admission to the University of Alaska system or subject to dismissal. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of the University of Alaska system, its campuses and sites. I further understand that from the time I file my application with the University of Alaska system, it is my responsibility to know all rules, requirements of and exemptions from my intended degree program.

MEDICAL INSURANCE IS NOT REQUIRED, BUT HIGHLY RECOMMENDED. THE COST OF NON-ACCIDENT-RELATED MEDICAL AND EVACUATION FEES WILL BE BORNE SOLELY BY THE APPLICANT.

Signature:

Date: ___

The University of Alaska provides equal education and employment opportunities for all, regardless of race, color, religion, national origin, sex, age, disability, status as a Vietnam era or disabled veteran, marital status, changes in marital status, pregnancy, or parenthood pursuant to applicable state and federal laws.

Please send through mail or email

by February 17, 2025 to:

Dr. Jochen Mezger

Department of Geosciences

University of Alaska Fairbanks

P.O. Box 755780

Fairbanks, AK 99775-5780

Phone: 907-474-7809

jemezger@alaska.edu

Checklist:

Application complete (3 pages).

Transcript(s) attached.

Evaluation form (under separate cover).



UNIVERSITY OF ALASKA FAIRBANKS

Field Camp Application – Applicant Evaluation Department of Geosciences P.O. Box 755780 Fairbanks, Alaska 99775-5780

Name of Applicant_____ Applying for GEOS 455B Field Geology Pt.2

To the Applicant: The Family Educational and Primary Act of 1974 gives students the right to inspect letters of recommendation written in support of applicants for admission or fellowship. The law also permits students to waive that right if they choose, although such a waiver cannot be a condition of admission or award. If you wish to waive your right to examine this letter of recommendation, please sign the waiver below.

I waive my legal right to inspect this letter of recommendation.

Date _____ Signature _____

Evaluator:

I know the applicant: \Box very well; \Box moderately well; \Box only slightly.

I have known the applicant for approximately ____ years.

During this time the applicant was an:

□ undergraduate student, □ graduate student.

□ assistant of mine, □ advisee of mine, □ departmental assistant.

other (please specify)_____

To the Evaluator: Please mail or email to Dr. Jochen Mezger, Department of Geosciences University of Alaska Fairbanks, PO Box 755780, Fairbanks, AK 99775-5780, jemezger@alaska.edu no later than **February 24, 2025.**

May we have your judgment of this candidate's qualifications and promise, intellectual ability, motivation and capacity for field study, the quality of previous work, and of his or her character and personality? We would be helped by your checking, for comparative assessment, the boxes on the next page.

I would compare the applicant with other students of the same level as follows:

	Exceptional	Above Average	Average	Below Average	No Information
Intellectual Ability					
Field Ability					
Speaking Ability					
Writing Ability					
Academic Preparation					
Motivation					
Dependability					
Maturity					

In summary, I would give a: \Box very strong, \Box strong, \Box average, \Box below average recommendation.

I recommend this applicant with reservation based on the following. You can also attach a separate letter of recommendation.

Evaluator's Signature	Title	Date
Name Printed or Typed		
Address		