



TROPICAL CONSERVATION SEMESTER

Ceiba Foundation for Tropical Conservation
Universidad San Francisco de Quito

Application Form



Please complete all fields. See Information Packet or Ceiba website (www.ceiba.org) for details & instructions.

Personal Information

Full Name: _____

Email Address: _____

Mailing address:

Street _____

City _____ State _____ Zip _____

Country _____

Dates during which this address is valid: _____ to _____

Phone _____

Parent or Guardian address (if different from above):

Name(s) _____

Relationship(s) _____

Street _____

City _____ State _____ Zip _____

Country _____

Phone _____ Email _____

Date of Birth: _____ Place of Birth: _____ Sex: F M

U.S. citizen? Yes No (If no, indicate citizenship _____)



References

First Academic/Professional Reference

Name _____ Relationship _____

Company/Institution _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Day phone _____

Email _____

Second Academic/Professional Reference

Name _____ Relationship _____

Company/Institution _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Day phone _____

Email _____

Education

	Name, City & State	# Years Completed	G.P.A.	Graduation Date
High School				
College				
Other				

Briefly explain why you wish to participate in this program: what aspects most interest you, what do you wish to gain from the experience, and what do you hope to learn? (250 words max.)

Describe any prior experience(s) or other factors you would like us to consider in evaluating you as a possible participant in the program. (250 words max.)



How might your participation contribute to the success of the course? (250 words max.)

Applicant's Signature _____ Date _____

Make sure you have enclosed Student Recommendation Form
 University Transcript
 Letter of health from your doctor

* Not applicable to students enrolling through University of Wisconsin International Academic Programs.

Mail to:

University of Wisconsin - Madison
International Academic Programs
250 Bascom Hall
Madison, WI 53706
Tel: (608) 265-6329
peeradvisor@bascom.wisc.edu

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Student Recommendation Form



Applicant's name _____

Phone _____ Email _____

Referee: The applicant has applied to an intensive semester abroad program in Ecuador, South America. The course involves travel to remote field sites including the Amazonian lowlands and the Galapagos Islands, and extended home stays with Ecuadorian families. Students, instructors, and course assistants live together in a close and energetic academic environment that presents intellectual and interpersonal challenges to everyone involved. To succeed, students should have a basic understanding of the principles of biology, and have taken one 4-credit university course in biology, zoology or botany. Please provide an evaluation of the applicant's academic preparedness, maturity, interpersonal skills, and potential for success and satisfaction in this type of program.

For how long have you known the applicant? _____

In what capacity? _____

Please attach a letter of recommendation for the applicant, in the context of the situation described.

Referee name _____

Address _____

Phone _____ Email _____

Referee signature

Date

Please fill out all fields, and email, fax or post the form and letter to:

University of Wisconsin International Academic Programs

250 Bascom Hall

Madison, WI, 53706

Fax: 608-262-6998

Email: peeradvisor@bascom.wisc.edu

