

Lawrence University London Centre Proposal

Deadline for 2010-11 London Centre Applications → April 7, 2010

This packet contains all of the materials necessary to propose study at the London Centre to the Lawrence University Subcommittee on Off-Campus Study.

If you have questions about the proposal process, please contact the Off-Campus Programs office at 920.832.7354 or email the Off-Campus Programs Coordinator at laura.b.zuege@lawrence.edu.

Please note the following about the proposal process:

- It is your responsibility to make certain that all materials are delivered to the International House by the April 7, 2010 application deadline.
- All information regarding the off-campus study proposal is sent to your Lawrence e-mail account. It is your responsibility to check and respond to this account.
- The Subcommittee on Off-Campus Study will review all proposals and will notify students of its decisions as quickly as possible. The evaluation criteria can be found on the Off-Campus Programs website.
- If you are approved to study at the London Centre, a non-refundable \$500 deposit will be due to confirm your participation in the program. This deposit will be due approximately 2 weeks from when you are offered the placement. If the deposit is not paid by the due date and you have not contacted the Off-Campus Programs Coordinator to make arrangements for this payment, it will be assumed that you do not want to participate in the program and the offer to attend the London Centre will be withdrawn.
- After you have confirmed your participation at the London Centre, additional forms and paperwork will be required of you.
- Students interested in the London Centre Internship program should indicate this on the application page and complete the supplemental Internship Interest Inventory application. The Internship Interest Inventory should be turned into the Off-Campus Programs office by the April 7, 2010 application deadline. Students who will be Juniors or Seniors in the 2010-11 academic year are able to apply for this program.

LAWRENCE UNIVERSITY - London Centre Proposal

Name: _____

ID #: _____

Term of Study

Indicate your preferred term(s) of study (1 is most desired, 3 is least desired). Do not indicate back-up terms unless you are willing to study at the Centre during that term. Note if you are applying to attend the London Centre for more than 1 term. If you wish to study with a friend, you are encouraged to note this and offer back-up terms.

____ Fall 2010

____ Winter 2011

____ Spring 2011

Proposal Essays

1 - How will studying at the London Centre deepen and enhance your liberal arts education at Lawrence University? Explain why you have selected this proposed program, provide examples of your academic preparation for the program and how it might support and/or extend your major and minor programs (with reference to your course choices). Describe how the London Centre will augment your pursuit of a liberal arts education. If you wish to participate in the *London Internship*, please address your learning goals for this and your desired field(s) of placement. Do you have additional goals for the program (e.g., independent study, music lessons, etc.)? This essay should be about two double-spaced pages in length.

2 - What kind of cultural immersion do you expect and how will you make the most of this experience?

Off-campus study immerses students in other cultures and/or educational environments to maximize academic and personal growth both in and out of the classroom. How do you intend to learn about and from the environment(s) where you will live and study? What personal strengths do you have to support your success at the London Centre? What do you foresee being your biggest challenge in studying off-campus? This essay should be one to two double-spaced pages in length.

Transcript Release

I, _____, request that the Registrar's office release my transcript to the Off-Campus Programs office. I understand that this information will be used by the Subcommittee on Off-Campus Study in the review of my proposal to study at the London Centre.

Student Signature

Date

Curricular Plans

List the elective courses for which you would like to register. All students are required to take the 3-unit core course British Life and Culture. Students may then opt to take two or three elective courses. While adding two courses will provide minimum full-time standing (15 units total), the core course has been specifically designed so that students may consider pursuing three elective courses (21 units total). Due to the fact that Internship students are required to devote two full days to their placement, the internship course may be combined with only one other elective course (15 units total).

<u>Fall Term</u>	<u>Winter Term</u>	<u>Spring Term</u>
British Life and Culture	British Life and Culture	British Life and Culture

Check here if you are applying to the London Centre Internship program. Please complete the supplemental Internship Interest Inventory application and submit this with your London Centre Proposal materials. The Internship program has a limited enrollment and is open to students who will be juniors or seniors.

Please list faculty members from whom you have requested recommendation forms:

* Advisor: _____ * Second Advisor (if applicable): _____

* Academic Rec: _____

Lawrence University – London Centre Recommendation Faculty Advisor

To be completed by student:

Student Name: _____

Print name of faculty recommender: _____

You should offer to discuss your off-campus study plans and provide additional information (program information, your application essays, etc.) with the provider of this recommendation. Please be considerate of the time it takes to give a thoughtful evaluation and give this form to the recommender *at least 7 days* in advance of the deadline. Please be certain that your recommender is aware of the deadline for returning this form to the Off-Campus Programs office.

Applicant Waiver: I waive my right to inspect or review this recommendation and understand that the document will be used only for the purpose of evaluating my qualifications to study off-campus. The completed form will be sent or delivered directly to the Off-Campus Programs office in the International House.

Student Signature: _____ Date: _____

Proposed Coursework:

<u>Fall Term</u>	<u>Winter Term</u>	<u>Spring Term</u>
British Life and Culture	British Life and Culture	British Life and Culture

To be completed by academic advisor:

The purpose of this recommendation is to provide the Subcommittee on Off-Campus Study with your candid opinion as to whether the proposed program is an appropriate academic and personal choice for the student at this point in her/his Lawrence career.

**Please return to Laura Zuege
in the International House
by April 7, 2010**

How long have you been her/his advisor? _____ terms

Have you taught this student in a course? Y N

Have you discussed study at the London Centre with this student
and/or read this student's proposal essays? Y N

Is off-campus study a good choice for the student at this point in her/his Lawrence career? How would you assess the student's academic preparation and overall motivation for this program? Please elaborate.

Does the student have the intellectual ability and personal maturity to achieve her/his goals for this program and ability to confront the challenges of living and studying in an unfamiliar environment? Please elaborate below.

- Yes No No Basis for Judgment

What are the student's other strengths and/or weaknesses relevant to this program? Please elaborate.

Overall, you _____ this student for participation in the London Centre program. (Please check one.)

- Highly Recommend Recommend Recommend with Qualifications Do Not Recommend

If you do not recommend or recommend with qualifications, please explain above or include additional information.

Based on course titles and/or course syllabi, please list those courses which will or may meet requirements in the student's major, minor, and/or general education requirements.

WILL COUNT

MAY COUNT *

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

* Please discuss with the student the specific issues(s) she/he must address in order to gain approval.

Name: _____

Signature: _____ Date: _____

Lawrence University – London Centre Recommendation
Second Faculty Advisor (for double-degree and other students with two advisors)

To be completed by student:

Student Name: _____

Print name of faculty recommender: _____

You should offer to discuss your off-campus study plans and provide additional information (program information, your application essays, etc.) with the provider of this recommendation. Please be considerate of the time it takes to give a thoughtful evaluation and give this form to the recommender *at least 7 days* in advance of the deadline. Please be certain that your recommender is aware of the deadline for returning this form to the Off-Campus Programs office.

Applicant Waiver: I waive my right to inspect or review this recommendation and understand that the document will be used only for the purpose of evaluating my qualifications to study off-campus. The completed form will be sent or delivered directly to the Off-Campus Programs office in the International House.

Student Signature: _____ Date: _____

Proposed Coursework:

Fall Term	Winter Term	Spring Term
British Life and Culture	British Life and Culture	British Life and Culture

To be completed by second academic advisor:

The purpose of this recommendation is to provide the Subcommittee on Off-Campus Study with your candid opinion as to whether the proposed program is an appropriate academic and personal choice for the student at this point in her/his Lawrence career.

**Please return to Laura Zuege
in the International House
by April 7, 2010**

How long have you been her/his advisor? _____ terms

Have you taught this student in a course? Y N

Have you discussed study at the London Centre with this student
and/or read this student's proposal essays? Y N

Is off-campus study a good choice for the student at this point in her/his Lawrence career? How would you assess the student's academic preparation and overall motivation for this program? Please elaborate.

Does the student have the intellectual ability and personal maturity to achieve her/his goals for this program and ability to confront the challenges of living and studying in an unfamiliar environment? Please elaborate below.

- Yes No No Basis for Judgment

What are the student's other strengths and/or weaknesses relevant to this program? Please elaborate.

Overall, you _____ this student for participation in the London Centre program. (Please check one.)

- Highly Recommend Recommend Recommend with Qualifications Do Not Recommend

If you do not recommend or recommend with qualifications, please explain above or include additional information.

Based on course titles and/or course syllabi, please list those courses which will or may meet requirements in the student's major, minor, and/or general education requirements.

WILL COUNT

MAY COUNT *

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

* Please discuss with the student the specific issues(s) she/he must address in order to gain approval.

Name: _____

Signature: _____ Date: _____

Lawrence University – London Centre Recommendation
Academic Recommendation (to be completed by a faculty member other than student's advisor)

To be completed by student:

Student Name: _____

Print name of faculty recommender: _____

You should offer to discuss your off-campus study plans and provide additional information (program information, your application essays, etc.) with the provider of this recommendation. Please be considerate of the time it takes to give a thoughtful evaluation and give this form to the recommender *at least 7 days* in advance of the deadline. Please be certain that your recommender is aware of the deadline for returning this form to the Off-Campus Programs office.

Applicant Waiver: I waive my right to inspect or review this recommendation and understand that the document will be used only for the purpose of evaluating my qualifications to study off-campus. The completed form will be sent or delivered directly to the Off-Campus Programs office in the International House.

Student Signature: _____ Date: _____

Proposed Coursework:

Fall Term	Winter Term	Spring Term
British Life and Culture	British Life and Culture	British Life and Culture

To be completed by faculty member:

The purpose of this recommendation is to provide the Subcommittee on Off-Campus Study with your candid opinion as to whether the proposed program is an appropriate academic and personal choice for the student at this point in her/his Lawrence career.

**Please return to Laura Zuege
in the International House
by April 7, 2010**

How long have you known this student? _____ terms

In how many of your courses has the student participated? _____ courses

Please list the courses: _____

Among other students you have taught, how would you rate this student on a combined measure of academic performance and personal potential? top 10% upper 25% upper 50% lower 50%

In comparison with other students you have known at comparable stages in their careers, please rate this student on each of the following characteristics:

	Excellent	Good	Average	Poor	Unknown
Intellectual ability					
Writing ability					
Ability to express him/herself or ally					
Ability to pursue independent research & work					
Initiative and academic motivation					
Preparation for class					
Ability to cope with ambiguity					
Ability to work with peers					
Common sense and good judgment					

Is off-campus study a good choice for the student at this point in her/his Lawrence career? How would you assess the student's academic preparation and overall motivation for this program? Please elaborate.

Does the student have the intellectual ability and personal maturity to achieve her/his goals for this program and ability to confront the unexpected challenges of living and studying in an unfamiliar environment? Please elaborate below. Yes No No Basis for Judgment

What are the student's other strengths and/or weaknesses relevant to this program?

Overall, you _____ this student for participation in the London Centre program. (Please check one.)

- Highly Recommend Recommend Recommend with Qualifications Do Not Recommend

If you do not recommend or recommend with qualifications, please explain above or include additional information.

Name: _____

Signature: _____ Date: _____

STUDENT WAIVER AND RELEASE
THIS IS A WAIVER AND RELEASE OF CERTAIN LEGAL RIGHTS
PLEASE READ IT CAREFULLY

The undersigned student of Lawrence University of Wisconsin (hereinafter, “Lawrence University”), having applied to participate in the Lawrence University London Centre Program (hereinafter, the “Program”), in consideration of the opportunity to gain certain academic credit awarded by Lawrence University for the participation in the Program, and/or for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, agrees as follows:

1. **Release of Liability.** I hereby forever release Lawrence University, its trustees, officers, faculty, employees, staff, directors, and any agents of any kind thereof (hereinafter, collectively the “Released Parties”), from any and all liability for any act or omission of any kind or character whatsoever arising from or out of my participation in the Program, including without limitation all costs, damages, claims or assertions of any kind with respect to which I or my family, estate, heirs, successors or assigns may claim against the Released Parties.

2. **Release of Liability—Third Parties.** I hereby forever release Lawrence University and the Released Parties from any and all liability for injury to myself or damage to or loss of my property caused by any acts or omissions of any kind or character whatsoever of: hotels and other residential facilities, common carriers, health care providers, restaurants and food service providers, educational organizations, fellow students participating in the Program, or other third parties related to, or connected in any way with work or study conducted under the Program, including without limitation any costs, damages, claims or assertions of any kind with respect to which I or my family, estate, heirs, successors or assigns may claim against the Released Parties.

3. **Assumption of Risk.** I understand and hereby acknowledge, independently of any advice or representation made by Lawrence University, that participation in an off-campus program and especially traveling and residing outside of the United States presents certain inherent risks beyond Lawrence University’s control, and which may exist regardless of whether Lawrence University controls or attempts to control such risks. I am participating in the Program with this understanding and hereby knowingly and voluntarily assume all risks of injury, illness, death or damage to or loss of my property which may occur while traveling, working, studying, participating in, or otherwise engaging in any activities arising out of or related in any way to the Program. My participation in the Program is voluntary, and I understand and hereby acknowledge that I may discontinue my participation at any time in light of the risks I am assuming hereunder.

4. **Establishment of Rules and Regulations.** I agree that Lawrence University, through the Program director and/or such other officers, faculty, employees, staff or agents as Lawrence University deems necessary, shall have the authority to establish rules and regulations regarding the conduct of students participating in the Program. I further agree that I will follow, and be bound by all rules and regulations pertaining to my participating in the Program, and, if any determination is made by Lawrence University or the Program director that my participation in the Program should be terminated or otherwise restricted or limited because of my: (i) violation of such rules and regulation; (ii) disruptive behavior, or (iii) conduct which may jeopardize the Program’s continuation or academic reputation, that such a determination will be final.

5. **Insurance.** I understand and hereby acknowledge that Lawrence University has no insurance program that will pay for, or reimburse me for, any expenses of any kind that I may incur for treatment of illness or injuries required while participating in the Program. I hereby assume all responsibility for any such expenses, and expressly warrant and represent to Lawrence University that I have obtained, paid all applicable premiums for, and will be covered at all times during my participation in the Program, by a medical insurance policy *in addition* to the Lawrence-mandated international study medical and evacuation/repatriation policy administered by Cultural Insurance Services International (CISI). A description of coverage for the CISI policy is available from the Off-Campus Programs office in the International House. I understand the coverages, exclusions, and limitations of both medical insurance policies, have determined that they provide appropriate coverage in light of the risks I am assuming, and that such coverages, exclusions and limitations are acceptable to me.

(over)

6. **Authorization to Obtain Medical Care.** I agree that, in the event that I am unable to request or give my consent to any medical treatment because of illness or injury, that the Program director, Lawrence University or Lawrence University's employees or agents, may and are hereby expressly authorized to: (i) seek medical treatment on my behalf in case of emergency or other urgent circumstances; and (ii) provide the information regarding my insurance provided by CISI, without incurring any liability, responsibility, or other obligation for the nature, character, and extent of such medical treatment, including without limitation financial liability for the payment of expenses incurred as a result of the treatment of my illness or injuries, and which I hereby acknowledge may exceed the benefits provided by the CISI insurance policy described in Paragraph 5. I understand and hereby acknowledge that Lawrence University may not be able to contact my parent(s), legal guardian(s), and/or indicated emergency contact(s) to approve or obtain their consent to my medical treatment. I further understand and hereby acknowledge that any liability of Lawrence University's arising from or out of its request for or consent to medical treatment necessitated by my illness or injury on my behalf is specifically included within the releases given in Paragraphs 1 and 2, above.

7. **Superseding Agreement.** I agree that the terms and conditions of this Student Waiver and Release, and the acknowledgement made herein, shall supersede and take precedence over any other agreement, documentation, or representations, whether oral or in writing, regarding the subject matter of this Student Waiver and Release.

8. **Governing Law, Forum and Severability.** I further agree that this Student Waiver and Release shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Student Waiver and Release or the Program. The terms and provisions of this Student Waiver and Release shall be severable, such that if a court of competent jurisdiction holds any term to be illegal, unenforceable, or in conflict with any law governing this Student Waiver and Release, the validity of the remaining portions shall not be affected thereby.

9. **Representations.** I represent that: (i) I am an adult of ____ years of age, having been born on _____; (ii) I have the legal capacity to execute this agreement with Lawrence University and waive certain of my legal rights as provided herein; and (iii) I have read each paragraph and fully understand the terms and conditions of this Student Waiver and Release and I have been provided with the opportunity to discuss it with my parents and/or legal guardian, Lawrence University, and/or anyone else of my choosing.

Print full name of student: _____

Signature: _____ **Date:** _____

Student Acknowledgment of Recommendation for Financial Aid Meeting

I have met with the financial aid office and have been informed of the financial aid policies as they pertain to off campus study. If I receive a merit scholarship from Lawrence University, I understand that this scholarship will **not** be applicable to my term(s) off-campus nor will the amount I forgo for that term(s) be applied to another term in the academic year. If I apply for financial aid and have demonstrated financial need, I may be awarded a limited amount of need-based Lawrence University Grant aid for my term(s) studying off campus.

Student Name (Printed)

Student Signature

Date

Financial Aid Officer Signature

Date

The Off-Campus Programs Coordinator has encouraged me to meet with the financial aid office; however, I have chosen to waive this opportunity. If I have not met with the Off-Campus Programs Coordinator previous to completing the off-campus study application, I understand that I am encouraged to meet with the financial aid office to discuss how studying off-campus may impact my financial aid award and status. If I receive a merit scholarship from Lawrence University, I understand that this scholarship will not be applicable to my term(s) off-campus nor will the amount I forgo for that term(s) be applied to the other term(s) in the academic year. Furthermore, I understand that under the financial aid policy for off-campus study, my institutional need-based award may be reduced for my term(s) off-campus.

Student Name (Printed)

Student Signature

Date