

Washington Semester Application Instructions



PLEASE PRINT LEGIBLY IN BLACK INK. DO NOT WRITE IN PENCIL.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Submit Complete Applications to: Associate Dean Molly Travis, Cudd Hall

Please submit BOTH the **Tulane** and the **American University** application materials by the Tulane application deadline listed below. Information to complete the American University application is on the website: www.washingtonsemester.com

Application Deadline:

Applications, and supporting materials and photocopies, are due by these deadlines:

Spring 2018 September 5, 2017

Fall 2018 March 5, 2018

Tulane Application Checklist

- | | |
|---|---|
| <input type="checkbox"/> Part 1 APPLICANT INFORMATION | <input type="checkbox"/> Part 7a FACULTY RECOMMENDATION #1 |
| <input type="checkbox"/> Part 2 PROGRAM REQUIREMENTS | <input type="checkbox"/> Part 7b FACULTY RECOMMENDATION #2 |
| <input type="checkbox"/> Part 3 AUTHORIZATION & CONSENT | <input type="checkbox"/> Two (2) Official Tulane Transcripts from Tulane University Office of the Registrar |
| <input type="checkbox"/> Part 4 MAJOR REQUIREMENTS | <input type="checkbox"/> Complete Program Application |
| <input type="checkbox"/> Part 5 ACADEMIC STATEMENT | |
| <input type="checkbox"/> Part 6 RESEARCH PROJECT | |

About the Letters of Recommendation

You must submit two (2) letters of recommendation with your Tulane Application.

About the Tulane Transcript

We need two official copies of your official transcript. One will be mailed to American University. The other will be retained in your application file in Cudd Hall.

Washington Semester Application



NAME: _____
PROGRAM: _____

Part 1: Applicant Information

PROGRAM/UNIVERSITY _____ SEMESTER/YEAR _____
LAST NAME _____ FIRST NAME _____ M.I. _____
NAME YOU PREFER _____ MALE FEMALE
TULANE UNIVERSITY BANNER ID # _____ INTENDED GRADUATION DATE _____
BIRTHDATE ____ / ____ / ____ SOCIAL SECURITY NUMBER ____ - ____ - ____
CURRENT SEMESTER AT TULANE: 1ST SOPH 2ND SOPH 1ST JUNIOR 2ND JUNIOR
LOCAL ADDRESS _____ TULANE EMAIL _____
_____ ALTERNATE EMAIL _____
MOBILE PHONE # _____

STUDENT PERMANENT CONTACT INFORMATION

PERMANENT ADDRESS _____
NUMBER STREET
CITY STATE ZIP CODE
HOME PHONE # _____

PARENT CONTACT INFORMATION: PLEASE CHECK TO WHOM THE OSA SHOULD SEND INFORMATION AND WHO SHOULD BE CONTACTED IN AN EMERGENCY

<input type="checkbox"/> MOTHER:	<input type="checkbox"/> FATHER:
ADDRESS: _____	ADDRESS: _____
PHONE # _____	PHONE # _____
EMAIL: _____	EMAIL: _____

EDUCATIONAL INFORMATION

TULANE SCHOOL(S): ___ Liberal Arts ___ Science & Engineering ___ Architecture ___ Business ___ Public Health
PRIMARY MAJOR: _____ MAJOR ADVISOR _____
SECONDARY MAJOR: _____ MAJOR ADVISOR _____

Washington Semester Application



NAME: _____

PROGRAM: _____

Part 2: Program Requirements (parts A-C)

- A. Indicate how/when you have or will have satisfied the requirements below. Students are required to have completed these requirements before enrolling in Washington Semester.
Key: C/Complete, IP/In Progress, NY/Not Yet

CORE REQUIREMENT	COMPLETION STATUS			COURSE TITLE & NUMBER	SEMESTER/YEAR
TIDES	<input type="checkbox"/> C	<input type="checkbox"/> IP	<input type="checkbox"/> NY		
First-year Writing	<input type="checkbox"/> C	<input type="checkbox"/> IP	<input type="checkbox"/> NY		
Foreign Language	<input type="checkbox"/> C	<input type="checkbox"/> IP	<input type="checkbox"/> NY		
Quantitative Reasoning	<input type="checkbox"/> C	<input type="checkbox"/> IP	<input type="checkbox"/> NY		
First Public Service	<input type="checkbox"/> C	<input type="checkbox"/> IP	<input type="checkbox"/> NY		

ACADEMIC ADVISOR SIGNATURE

To the Academic Advisor: Please confirm the student has discussed the probable impact of the Washington Semester Program on his/her progress toward fulfillment of graduation requirements. If you have any questions, please contact Dr. Molly Travis, Associate Dean, at matravis@tulane.edu.

ACADEMIC ADVISOR NAME (PLEASE PRINT)

SIGNATURE

EMAIL

DATE

Please confirm the student's current cumulative GPA: _____

Comments:

- B. List two courses you have or will have completed at Tulane before the start of the program to demonstrate that you are prepared for this program:

DEPARTMENT	COURSE NUMBER	COURSE TITLE	SEMESTER/YEAR

- C. Please list two Tulane faculty members whom you will ask for letters of recommendation:

1. Name: _____ Department _____

Washington Semester Application



NAME: _____

PROGRAM: _____

2. Name: _____ Department _____

Part 3: Authorization & Consent

I understand that my academic and disciplinary records will be reviewed before any decision is made regarding my application. Students who have (ever) been placed on disciplinary probation or who have been found guilty or pled guilty to an Honor Code violation may not enroll in the Washington Semester program.

APPLICANT SIGNATURE _____ DATE _____

Part 4: Major Requirements

Indicate how/when you have or will have completed your primary major requirements. If you haven't yet satisfied these requirements, please indicate how and when you plan to complete them.

Key: C/Complete, IP/In Progress, NY/Not Yet

MAJOR REQUIREMENT	COMPLETION STATUS			COURSE TITLE & NUMBER	SEMESTER/YEAR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	IP	NY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	IP	NY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	IP	NY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	IP	NY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	IP	NY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	IP	NY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	IP	NY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	C	IP	NY		

Tulane awards credit for these Washington Semester programs: American Politics, Foreign Policy, International Law & Organizations, Justice & Law, Public Health Policy, and Sustainable Development. **Students are encouraged--but not required--to do the research project (4 credits) as one of their courses.** To which of these programs are you applying?

MAJOR ADVISOR SIGNATURE: PRIMARY MAJOR (FACULTY) ADVISOR

To the Major Advisor: Please confirm this student has discussed with you the probable impact of the proposed study abroad course selection on his/her progress toward fulfillment of the major requirements, as well as the process for approving credits earned abroad to satisfying major requirements. While credits completed abroad come back to Tulane, the academic department approves credits to satisfy major requirements.

MAJOR ADVISOR NAME (PLEASE PRINT) _____ SIGNATURE _____ DEPARTMENT/SCHOOL _____ DATE _____

Washington Semester Application



NAME: _____

PROGRAM: _____

Comments:

Part 5: Academic Statement

On a separate sheet of paper, type your Academic Statement and include it with your application. Put your name on the top of the page and the name of the Washington Semester program to which you are applying. Discuss how this program will contribute to your major and/or other academic programs and your future career plans. How has coursework that you have completed to date prepared you for this program? Include your name and the name of the program to which you are applying on each page.

Part 6: Research Project (Optional)

One fourth of your coursework in the Washington Semester Program will be devoted to your research project. Your description of your proposed project in the following 2-3 pages will be included in our determination of which students will be selected to participate in Washington Semester. You should incorporate some discussion of how your participation in the semester-long program in Washington, DC will facilitate your research. Put your name on the top of each page and the program to which you are applying.

Washington Semester Application



NAME: _____

PROGRAM: _____

Part 7a: Faculty Recommendation (#1)

Section 1 - TO THE APPLICANT:

Use this form to obtain a letter of recommendation from a Tulane University faculty member with whom you have taken a course or conducted independent study. When using this form, please complete this section and submit this form to a faculty member at Tulane University. **We recommend that you supply your nominator with a copy of your Academic Statement.**

Name of Applicant _____ Graduation date _____
(last) (first) (month) (year)

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review this reference OR to waive your right to access.

Please choose one of the following (check one):

- I prefer to have this recommendation remain open for my inspection.
- I hereby waive the right under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to inspect and review the letter of recommendation attached. I understand this is a permanent waiver, revocable only upon written permission of the referee, and certify that this waiver is given voluntarily by me.

I agree that my recommender may refer to any appropriate information from my records at Tulane University, and that the letter of recommendation may be reviewed by persons involved in the administration of the study abroad program and selection of participants.

APPLICANT SIGNATURE _____ DATE _____

Section 2 - TO THE REFEREE:

Please write a brief letter on Tulane letterhead. Return the letter to the applicant in a sealed envelope by September 2, 2017 (for Spring '18) and March 2, 2018 (for Fall '18).

Newcomb-Tulane College appreciates your reflections on the student's application to Washington Semester. We wish to consider academic qualifications as well as personal characteristics in making selections for this program.

Please discuss how long and in what capacity you have known the applicant and discuss how the Washington Semester curriculum fits with the applicant's academic program. You may also wish to comment on the applicant's academic performance, general ability, dependability, seeming maturity, and potential as a member of a group.

NAME (PLEASE PRINT) _____ TITLE _____

DEPARTMENT _____ PHONE _____ EMAIL _____

SIGNATURE _____ DATE _____

Washington Semester Application



NAME: _____

PROGRAM: _____

Part 7b: Faculty Recommendation (#2)

Section 1 - TO THE APPLICANT:

Use this form to obtain a letter of recommendation from a Tulane University faculty member with whom you have taken a course or conducted independent study. When using this form, please complete this section and submit this form to a faculty member at Tulane University. **We recommend that you supply your nominator with a copy of your Academic Statement.**

Name of Applicant _____ Graduation date _____
(last) (first) (month) (year)

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review this reference OR to waive your right to access.

Please choose one of the following (check one):

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NAME (PLEASE PRINT) _____ TITLE _____

DEPARTMENT _____ PHONE _____ EMAIL _____

SIGNATURE _____ DATE _____

Release & Waiver of Liability for Participation in the Washington Semester Program



Newcomb-Tulane College

IMPORTANT: This is a legal document; please read and understand this document before signing.

Name of Participant: _____

Date of Birth: _____

American University-Washington Semester

If Participant is under 21 years of age, a parent or legal guardian must also read and sign this form.

In consideration for being permitted to participate in the study abroad program listed herein, the Undersigned acknowledge and agree to the following:

1. The Participant is qualified for and desires to participate in the above referenced program. It is acknowledged that Participant is not required to participate in the program.
2. The Undersigned agree Tulane is not responsible for any personal injury to or loss of life of Participant or loss or damage to property that may be caused or contributed to by the act or omission of the host institution or any of the suppliers of goods and/or services in connection with the Washington Semester program.
3. The Undersigned agree that Tulane is not responsible for any injury Participant may suffer while traveling independently before or after the Program or during free time.
4. The Undersigned hereby agree to release, acquit and forever discharge Tulane from any and all liability for any injury, damage, claim, cause of action of any nature arising out of or related to Participant's participation in the Washington Semester program.
5. The Undersigned agree this Release and Waiver for Participation will be governed by and construed in accordance with the laws of the state of Louisiana.

The Undersigned acknowledge they have read this document carefully and are fully informed of its content. The Undersigned further acknowledge this document is a release of legal rights and that they sign it knowingly and voluntarily.

Undersigned:

Participant

Signature

Date

Printed Name

Parent/Legal Guardian

(If participant is under 21 years of age, a parent or legal guardian must also read and sign this form).

Signature

Date

Printed Name