



VANCOUVER NATIONAL HISTORIC RESERVE FIELD SCHOOL APPLICATION FORM

Please PRINT the following, neatly FILL it out, and MAIL it to:

Dr. Robert Cromwell, Archaeologist
Fort Vancouver National Historic Site
612 East Reserve St., Vancouver, WA 98661

Part I: Tuesday - Saturday, June 17 - July 12, 2008

Part II: Tuesday - Saturday, July 14 - August 2, 2008

For early notification please submit application by **April 11, 2008**.

Notification of early applications will be by **April 18, 2008**.

Applications are due no later than **May 9, 2008**.

Name:

Address:

Phone Number:

Email:

Check which course you are applying for:		<u>Approximate Cost*</u> <u>All Tuition & Fees</u>
___	Anthropology 300 THREE undergraduate credits Part I only	Resident: \$ 945.00 Non-resident: \$ 2490.00
___	Anthropology 300 SIX undergraduate credits Parts I and II	Resident: \$ 1890.00 Non-resident: \$ 4980.00
___	Anthropology 500 THREE graduate credits Part I only	Resident: \$ 1134.00 Non-resident: \$ 2760.00
___	Anthropology 500 SIX graduate credits Parts I and II	Resident: \$ 2268.00 Non-resident: \$ 5520.00

*Upon acceptance the student will be issued the course schedule number for online registration. Monies are payable directly to WSU Accounts Receivable according to the policies and procedures set forth by the University.



What is your residence status (Resident/Nonresident)?

What is your enrollment status (Undergraduate/Graduate)?

List previous courses in anthropology, including archaeology (include university/college attended and grade received):

List previous field experience in archaeology (if any):

Briefly (one or two paragraphs) describe why you want to participate in the field school, including any benefits you expect to gain (use the back of this form if you need additional space, or, you may attach a typed response if you would prefer):

References

Please provide the names, addresses, and telephone numbers of two references:

Admittance

Students will be notified through the mailing and e-mail addresses given in this application. Applications submitted by April 11, 2008 will be reviewed and admission notification mailed by April 18, 2008. All other applications are due by May 9, 2008.

Medical Information

Name: _____
Birth Date: _____ Height: _____ (ft. in.) Weight: _____ (lbs.)
Doctor's Name: _____ Phone: () _____ - _____

Emergency Contact: _____
Relationship: _____

Address:

Phone: () _____ - _____

Are you covered by any hospitalization/care insurance policy?

Yes _____ No _____

Policy Number: _____

Insurance Company Name and Address:

Does your Insurance company require pre-authorization?

Yes _____ No _____

If Yes, Phone: () _____ - _____

Major Past and Present Medical Problems

Are you currently experiencing, or have you ever had, any of the following: (Y / N)

1. Heart problems/heart attack
2. Chest pain/pressure
3. Frequent shortness of breath
4. Frequent dizziness
5. Frequent fainting
6. High blood pressure
7. Depression/anxiety
8. Smoking
9. Hepatitis
10. Seizures
11. Significantly overweight
12. Currently pregnant
13. Asthma/respiratory problems
14. Diabetes/blood sugar problems
15. Recurrent/frequent headaches
16. Ulcer/stomach problems
17. Musculo-skeletal problems (including back problems)
18. Major hospitalization/surgery (within the last year) (describe):
19. Communicable diseases
20. Problems with drugs or alcohol
21. Other

If you answered "Yes" to any of the above, you will need to include a note from your doctor showing that he/she has cleared you for the field school.

List any Allergies/Anaphylaxis (include medications, foods, bites and stings):

List any Medications (including over the counter drugs) you are taking:

Are you color blind? Yes ____ No ____

(NOTE: this will not be factored into considerations for acceptance into the program).