

Application:

For Participation in Ohio University's NYC Design Tour 2009

Workshop Schedule:

April 15 – July 26 Preparations,

July 26 – August 1 Active Tours with Don and Nathan,

August 2 – 8 Follow-up Free Week and Closure with Nathan

Art 468, Service Learning in Visual Arts, 5 credit hours

This workshop is a unique tour of 10 to 12 top design firms, archives, design installations, top design shops and museums. This will offer a chance to meet and talk with top thought-leaders in the design industry.

Applications will be reviewed when all requested materials are submitted and after the application deadline of April 6, 2009. Applicants will be notified by April 14 of their status by e-mail or letter. Applicants may be interviewed by the program directors.

The Office of Summer Sessions reserves the right to review your judicial record at Ohio University or elsewhere and to review any criminal history, including juvenile adjudications, for participation in an exchange or study travel program.

Check List of attachments:

–application

–resume

–10 examples

–description if not on the .pdf

–application fee, if applicable

If you have questions or need further information, please contact Patricia Davidson, Assistant Director Summer Sessions, OU Online & Winter Intersession, Lifelong and Distance Learning, Haning Hall 219, Ohio University, Athens, OH 45701, Phone: 740-593-1767, Fax: 740-593-2901, email davidson@ohio.edu

1 Programs. Please check the program for which you are applying and fill in the start and end dates of the program. If you wish to apply for multiple programs, you will need to submit a separate application for each.

Applicant Name: _____

Start and End Date of Program (This needs to reflect if you plan to stay the second week) _____/_____/_____ to _____/_____/_____
Month Day Month Day

2 Personal Information.

Last, First Name PID (P#####) Email Address

Date of Birth: _____/_____/_____ Gender: (circle one) M F
Month Day Year Country of Citizenship

Local Address Street City State Zip

(_____) _____ Valid until: _____/_____/_____
Local Phone Month Day Year

Permanent Address Street City State Zip

(_____) _____ (_____) _____
Permanent Phone Cell Phone

Have you ever been charged and/or convicted of a criminal offense? (circle one) YES NO
If yes, please attach an explanation.

Ethnicity (optional). We want to know if we are serving a diversified student population. The following information is optional and will not be used to judge your eligibility for acceptance into the program. Please check all that apply.

- African-American
- American Indian/Alaska Native
- Hispanic-American
- Asian-American or Pacific Islander
- White, non-Hispanic
- Multi-racial
- Foreign National

3 Family Contact Information. Program information will be sent by email to your parent(s) or other contact person(s) as designated here, unless you notify the Office of Summer Sessions in writing of otherwise. We strongly recommend that one of your emergency contacts to be a parent, spouse or member of your immediate family.

Contact 1: Last, First Name Relationship Email Address

Address Street City State Zip
(if different from permanent address)

() _____ () _____ () _____
Home Phone Work Phone Fax

Contact 2: Last, First Name Relationship Email Address

Address Street City State Zip
(if different from permanent address)

() _____ () _____ () _____
Home Phone Work Phone Fax

Contact 3: Last, First Name Relationship Email Address

Address Street City State Zip

() _____ () _____ () _____
Home Phone Work Phone Fax

Who should be contacted in case of emergency? (check all that apply)
 Contact 1 Contact 2 Contact 3

4 Academic Information.

All Applicants:

Current Class Rank: (check one)

Fr Soph. Junior Senior M.A./MFA. PhD OU-COM Other: _____

College of Enrollment at Ohio University Academic Advisor Cumulative GPA

Major(s) Minor(s)

Expected Time of Graduation: _____/_____
Month Year

Classification: (check one) Ohio Resident Out-of-State Resident

Graduate Applicants:

Do you anticipate using a fee waiver and/or graduate stipend to provide funding for this program? YES NO

Non-Ohio University Applicants (must complete Ohio University Non-Degree Application, available at <http://www.ohio.edu/admissions/forms/upload/NonDegree.pdf>):

Home University Academic Advisor's Email

Previous Off Campus Study / Travel (List internship, study abroad and countries, duration, and purpose; if travel was for an OU program including study abroad, please also indicate director's name and email):

References. Please provide the names and departments of the instructors providing references for you. Please see the Instructions section of this application for more information.

1 _____
Name Department Institution

2 _____
Name Department Institution

5 Health Information. The purpose of this section is to help Ohio University be of maximum assistance should you need medical assistance during your study abroad. Mild physical or psychological disorders can become serious under the stresses of life during study travel programs. It is important that the program administrator(s) be made aware of any medical or emotional problems, past or current, which might affect you in an off-campus study context. Ohio University will do its best to reasonably accommodate all individual needs or circumstances.

The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Please attach additional sheets for any necessary explanations while answering the following questions.

Are you generally in good physical condition? (If no, please explain) YES NO

Have you been treated or are you currently being treated for any physical, psychological or emotional conditions? (If yes, please explain) YES NO

Do you have any allergies? (If yes, please explain) YES NO

Are you taking any medications? (If yes, please explain) YES NO

Are you a vegetarian or are you on a restricted diet? (If yes, please explain) YES NO

Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the Program Coordinator to know during your study travel? (If yes, please explain) YES NO

6 Conditions of Participation.

I, the undersigned, upon accepting my nomination to the program by Ohio University, do hereby accept my participation in such program and agree to all terms and conditions of the program. Furthermore, I verify that I am at least eighteen (18) years of age and fully competent to sign this agreement.

Personal Conduct. I agree to participate in all aspects of the program, including orientation, instruction, excursions, and evaluation. I understand that Ohio University and its representatives have the authority to establish rules of conduct necessary for the operation of the program during the entire period of the program. The Student Code of Conduct also applies to me whether I am studying on campus or off. Should I violate stated rules, the Ohio University Student Code of Conduct, demonstrate disruptive behavior, or through my conduct bring the program or its participants into disrepute or legal or physical jeopardy, I may be removed from the program and/or face other sanctions. *If I am dismissed from the program, I will lose all academic credit and will remain responsible for all program costs incurred on my behalf.*

Financial Responsibility and Cancellation. I acknowledge my indebtedness for the total program cost which includes the non-refundable administrative fee. I further understand the following:

Ohio University and its partner institutions reserve the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions or in the interest of the group. Should Ohio University cancel the program, full refunds of recoverable expenses will be made.

The administrative fee and any required deposit are nonrefundable. Program deposits will be applied to the cost of the program. If I should choose to withdraw from the program before paying the deposit, I understand that I may be held responsible for all nonrefundable fees and deposits.

It is my responsibility to procure all necessary travel documents, including passport and any required visas, before the start of the program. If I am unable to participate due to a lack of required travel documents, I will still be required to pay all program costs. International students should meet with an advisor in International Student and Faculty Programs PRIOR to accepting a nomination to an Ohio University program to discuss travel documents.

If I choose to withdraw from the program for any reason, I must notify the Program Coordinator and the Office of Summer Sessions in writing. If I fail to do so, I may be held responsible for the full program costs.

If I must withdraw from the program for medical reasons, I must provide the Program Coordinator with the statement of a medical doctor who examines me on site when I become ill. This statement must certify that I must withdraw for medical reasons. In the case of life-threatening emergency, this pre-certification will be waived. The Office of Summer Sessions will provide refunds of all recoverable costs whenever possible in the case of certified medical reasons but cannot guarantee any refund in advance.

If I withdraw from the program voluntarily prior to departure, I will be required to pay all non-refundable and non-recoverable costs. If I withdraw on the date of departure or thereafter for a non-medical reason (see d above) or am removed for disciplinary reasons, I will be required to pay all program and administrative costs.

In those instances when airline tickets and/or other services have been purchased by Ohio University on my behalf, I will be responsible for any cancellation penalties arising out of my withdrawal from the program. I will be responsible for negotiating directly with the appropriate airline or booking agencies regarding any penalties or refunds caused by my withdrawal from the program.

The program costs pay for the program as a whole. I cannot be refunded any part of it that I miss while preparing for or participating in the program

If I do not meet payment deadlines, a hold will be placed on my records and I will be prevented from graduating, registering for future quarters, and/or securing an official transcript until the amount is paid in full along with any other charges that may occur in the meantime; Ohio University may report this delinquency to a credit bureau; and my account may be placed at a collection firm and/or litigation may be pursued if my entire indebtedness is not paid by the indicated deadline, in which case I will pay all collection firm fees, attorney's fees, and other costs and charges associated with the collection of my debt.

Insurance Coverage. I understand that I must supply proof of insurance for the duration of the program. The policy shall provide coverage for my benefit, including health insurance, accidental death and dismemberment, and medical evacuation. I acknowledge my responsibility to understand the conditions and limitations of this coverage and agree that Ohio University is not responsible for any uninsured losses.

Medical Treatment. I have completed the health information section of the application to the best of my knowledge. In the event of illness or injury to me, I authorize any official representative of Ohio University to secure medical treatment on my behalf, including surgery and the administration of an anesthetic, and I accept all financial responsibility for such treatment.

Independent Travel. I understand that before and after the program and during free time within the program, I may elect to travel independently at my own expense. I agree to inform the designated Ohio University representative of my travel plans in writing, and I understand that neither Ohio University nor its staff are responsible for me while I am traveling independently.

Permission to Share Information. I give Ohio University and its representatives permission to communicate internally and with my parents, and/or other emergency contact person (as specified in this application) regarding all issues surrounding my experience. This may include but is not limited to student account information, student conduct issues, health and safety, grades or academics; such contact may occur before, during or after the program.

Photo Release. I give Ohio University and its representatives permission to make use of photographs bearing my image in both print- and web-based program materials for educational, non-commercial promotion.

General Release and Waiver. I release Ohio University and its staff from any liability for damage or loss of property, injury, illness or death during the period of the program, arising on the part of fellow participants, host family members, agencies and education organizations, persons, or groups with which Ohio University contracts for the provision of services for the program, or which have been suggested by program faculty as resources for regional or independent study projects.

I understand that all Ohio University Policies and Procedures are subject to change, and it is my responsibility to be informed of all University policies pertaining to students enrolled at Ohio University. I certify that all responses made on this application are complete, true and accurate, and I will notify the Office of Summer Sessions hereafter of all relevant changes that may occur prior to the start of the program. I hereby acknowledge that I have read, fully understood, and agree to the policies as stated above in section 6.

Signature

____/____/____
Month Day Year

Name (Please print)

Ohio University does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.

7 Academic Reference Form. This form should be given to faculty members or Graduate Teaching Associates who are able to comment on your academic qualifications for off-campus study. The person writing the recommendation should turn in this form with their recommendation to the Office of Summer Sessions, Haning 219.

To the Applicant: Please fill out the top part of this form.

Applicant Name

Official Name of Program (Please refer to section 1)

Applicant's Waiver of Right to Access. The Family Educational Rights & Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate to waive his or her right of access to confidential statements written on his or her behalf. Ohio University does not require you to make such a waiver as a condition for admission.

I hereby waive my right of access to this recommendation:

Applicant's Signature

____/____/____
Month Day Year

Deadline to Submit Reference Form to the Office of Education Abroad: 04/04/09

To the Referee: The above student is applying to participate in a study travel program through the Ohio University Office of Summer Sessions. To benefit from this experience and qualify for acceptance, a student must be highly motivated, emotionally mature, and able to adapt easily to people with different cultural and social backgrounds. We would appreciate your thoughtful and candid appraisal of this applicant's academic ability and personal suitability. Your comments will be seen by faculty and staff members on the program selection committee.

Name of Person Providing Reference

Position

Department

Institution

(____) _____
Phone

Email Address

How long and in what capacity have you known the applicant? _____

Please return this form and your written reference by the above application deadline to:

Patricia Davidson, Assistant Director, Summer Sessions, OU Online & Winter Intersession, Lifelong and Distance Learning,
Haning Hall 219, Ohio University, Athens, OH 45701, Phone: 740-593-1767, Fax: 740-593-2901

Interview Questions:

Why are you interested in working here or in design?

Resume . . . How much real hands-on design work have you done?

If not much, what would you say caused this lack of exposure?

Does this indicate a lack of interest in you career choice?

How do you work under pressure?

Site an example where you had to perform under stress or time-constraints.

Have you ever had a design block?

If Yes, Why do you think this occurred?

If No, What do you think could cause it in your case?

How could you prevent it from happening in the future?

How do you want me to remember you when I make my decision?

Realize I am interviewing 25 entry-level designers. What will you add to this firm?

What are your strengths?

What weaknesses should I know when I ask you to design for us?

Have you ever had a problem with a fellow employee, a classmate, or supervisor, a teacher?

How did you resolve it?

Why are you interested in working at a design firm?

What question have you prepared for me?