



Application for Admission

Living Routes does not discriminate on the basis of sex, religion, race, color, sexual orientation, national or ethnic origin, physical or mental disability in the administration of its policies and programs. The information you provide on this application form will be kept confidential and shared only with authorized staff and faculty.

To fill this out online, go to www.livingroutes.org/admissions/apply.htm

Semester	Sum/Jan	
		<p>Semester Applicants: you do not need to wait for your references or transcript to apply. We will contact you for an interview upon receiving this application.</p> <p>Applying to two or more programs? Only one application and fee payment (\$50) is required.</p>
<input type="checkbox"/>	<input type="checkbox"/>	Complete and submit this Application along with the signed Agreement Form.
<input type="checkbox"/>	<input type="checkbox"/>	Include a \$50 non-refundable application fee (\$25 for Summer/January-Term Programs) made payable to <i>Living Routes</i> .
<input type="checkbox"/>	<input type="checkbox"/>	Complete the first page of the Study Abroad Advisor Approval Form, and submit both pages to the appropriate official at your home college (if applicable).
<input type="checkbox"/>	N/A	Attach a brief (300-500 words) autobiographical sketch describing your personal history, influential people/ideas/events, and why you are a good fit for this program.
<input type="checkbox"/>	N/A	Request two letters of reference (1 from a teacher/advisor and 1 from a parent/guardian). An optional standardized Recommendation Form is attached. Make copies if needed.
<input type="checkbox"/>	N/A	Request a current official or unofficial academic transcript be sent to the <i>Living Routes</i> office (or include a copy with this application).
<p>Country(ies) of Program(s): _____ Year(s) _____</p> <p><input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer <input type="checkbox"/> January <input type="checkbox"/> Ecovillage Year Abroad</p>		
<p>Current Contact Information: Full name as it appears (or would appear) on your passport:</p> <p>_____</p> <p style="text-align: center;"> First M.I. Last Preferred First Name Gender </p> <p>Social Security Number _____ - _____ - _____ Date of Birth: ____ / ____ / ____</p> <p>Current Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone: (____) _____ Email Address: _____</p> <p>Cell: (____) _____ This Address/Phone is valid until: ____ / ____ / ____</p>		
<p>Permanent Address:</p> <p>Address: _____ Home Phone: (____) _____</p> <p>City: _____ Work Phone: (____) _____</p> <p>State: _____ Zip Code: _____ Cell Phone: (____) _____</p>		
<p>Emergency Contact Information:</p> <p>Name: _____ Home Phone: (____) _____</p> <p>Relationship: _____ Work Phone: (____) _____</p>		

Parent/Guardian Information:

Mother/Guardian: _____ Home Phone: (____) _____
Address: _____
Email: _____ Occupation: _____ Work Phone: (____) _____
Father/Guardian: _____ Home Phone: (____) _____
Address: _____
Email: _____ Occupation: _____ Work Phone: (____) _____

If applying for an International Program, please complete this section:

Do you have a valid passport for the duration of the program plus 6 months? Yes No
If yes, passport number: _____ Expiration Date: ____/____/____
What nationality is your passport? U.S. Other: _____

If you are currently a student, please complete this section:

College or University: _____ Student ID#: _____ GPA: _____
I am a: Fr So Jr Sr in: College High school Grad Other: _____
Major 1: _____ Major 2: _____ Minor: _____
List other educational experiences including institutes, summer programs & foreign studies:
School name Location Grade Levels/Dates Diploma/Degree

Do you require academic credit from our accrediting university? Yes No
Name of Faculty Advisor: _____ Name of Study Abroad Advisor:
(the person approving your study abroad)

_____ _____
Title: _____ Title: _____
Email: _____ Email: _____

Are you currently receiving Financial Aid? Federal State Other _____
(Optional) Approximate tuition costs per semester _____ Room & Board _____

Personal Information (attach additional sheet if needed)

- How did you find out about this program? Poster Friend: _____
 Fair/Event Classroom Presentation Internet Site: _____
 Internet Search Engine/Query: _____
 Other: _____
- Do you know others who would like to learn about our programs? (name & email address)

- What is your current occupation? _____ Ideal career? _____
- What is your native language? _____
- Please list any other languages you speak: _____
- Please list previous travel abroad experiences and dates: _____

Personal Information (continued, attach additional sheet if needed)

- Please list some of your activities, interests and passions. _____

- Do you have any community, shared-living, or small group experience? _____

- Please describe any other relevant experience. _____

- Many ecovillages have a spiritual (not religious) focus. How do you feel about this? _____

- Please list three goals/hopes you have for studying with Living Routes:

- How would you describe your diet? Vegetarian (eggs/dairy) Vegan Omnivore
 Other dietary restrictions (please specify) _____
- Do you have any ailments, allergies, or physical disabilities that may affect your participation in this program? No Yes (if yes, please specify) _____

- Are you under medical treatment for any reason? No Yes (if yes, please specify) _____

- Are you currently being treated by a psychologist or physician for an emotional, nervous or mental condition? No Yes (if yes, please specify) _____

- Are there any skills, talents or experiences you'd like to contribute to the group? _____

- How do you learn best? What are your preferred ways of learning? _____

- Who should we bill for tuition? _____
- Is there anything else you would like to share with us? _____

Optional

- How would you describe yourself? (Please check one.)
 African-American or Black Native American Asian/Pacific Islander Hispanic/Latin American
 White (Non-Hispanic) Multi-Racial Other (please specify) _____



Study Abroad in Ecovillages

Conditions of Participation

Living Routes strives to create living and learning communities that empower participants to help build a sustainable future. Our programs are rooted in personal integrity, close community interaction, and regular work at one's "growing edge." We therefore seek fully engaged, academically focused participants who are committed to self-directed learning, healthy living, participatory decision making, and community building.

In order for us to successfully embark on this transformative adventure together, we ask that you reflect on and consider what community "norms" will help us maintain an academically sound and personally supportive environment based on loving kindness, safety, and integrity.

The following are Conditions of Participation on all Living Routes programs.

- Please read each policy carefully and **place your initials on the line provided**.
- Please **sign and date the bottom** of the document if you agree to support the conditions of participation.

Program Participation: I agree to fully participate in all portions of the program as set out in the course information and by program staff and the host community. I understand that I must fully participate in and complete each of the courses in order to receive credit. _____

Health and Safety Policy: I understand that all Living Routes program participants agree to abide by a set of non-negotiable agreements that are in place to ensure student health and well being including:

- _____ Not using illegal drugs or consuming excessive amounts of alcohol
- _____ Not operating or riding on motorcycles or piloting other motorized vehicles
- _____ Not compromising one's own or another participant's physical and/or emotional safety
- _____ Not dressing in a manner that is offensive to local cultural norms

I further understand that all non-negotiable agreements are taken extremely seriously and that breaking any of them can result in sanctions up to and including immediate dismissal from the program. _____

Host Community/Country Regulations: I agree to abide by all the rules and regulations as set forth by the program, host communities, as well as all host country laws. _____

Medical Insurance: I certify that I have health and accident insurance that will cover me while participating in this program. I understand that I will be responsible for the payment of any health care treatment that I receive while I am on this program and that it will be my responsibility to seek reimbursement from my insurance company. I will also be responsible for any expenses not covered by insurance.

Insurance Company: _____

Policy Number: _____ PolicyHolder: _____

Personal Wellness: I understand that Living Routes is not a therapeutic program and that I take 100% responsibility for my physical and emotional health and well being during the program. In addition, I agree to fully disclose (during the interview process and while on the program) to program staff and faculty all physical, emotional, cognitive issues, and sensory, conditions, or disorders as they could potentially impact my, or another student's participation on the program. I understand my health information will be treated with the greatest of care and respect, but at times may be disclosed to LR faculty, staff and appropriate health care providers if necessary to ensure my or other's safety.

Non-Program Costs: I understand that I will be billed for any damage or loss that I cause to property or for any non-program costs incurred on my behalf. _____

Refund Policy: All deposits are non-refundable. I understand that if I withdraw from the program, I will, at most, be refunded only recoverable, non-committed expenses (e.g. room/board not already paid for), at the discretion of the Living Routes director. _____

Expulsion Policy: I agree that upon the decision of the program faculty and Living Routes director, my participation in the program will be terminated if I engage in actions which endanger me or others, or jeopardize the success of the program, or if I do not abide by the rules and regulations set forth by Living Routes or the Host Communities. I further agree that if asked to leave the program, I will be responsible for all expenses incurred in returning to my point of origin. In the event of such expulsion, I further agree that no refund of program fees will be given, and I will receive no academic credit. _____

Release and Indemnification: I have read and accepted these Conditions of Participation as stated above. I certify that the statements in this application are true and complete to the best of my knowledge and that falsification of information is grounds for dismissal from this program. I recognize that off-campus studies involve risks and conditions different from those encountered on campus. I hereby release and hold harmless Living Routes, its trustees, officers, employees, and agents, and the Host Institutions and Communities from any and all claims and causes of action resulting from my participation in the program, including, but not limited to, loss or destruction of property and personal injury or death, arising out of my study, travel, or other activities related directly and indirectly to the program. This waiver and release shall bind me, my estate, heirs, personal representatives, and legal guardians. _____

Transcript Request: I authorize Living Routes to request my University of Massachusetts, Amherst transcript on my behalf. _____

FERPA Release: I understand that the Family Education Rights and Privacy Act of 1974 (FERPA), as amended, affords students the right to authorize the release of educational information to third parties. I also understand that studying off campus may involve circumstances that require Living Routes to release certain information to third parties, but for which it may be difficult to obtain my prior written permission. For these reasons, I herewith authorize **University of Massachusetts Amherst** and Living Routes staff to release my education information to parties who, in their judgment, have an interest in the study abroad contemplated by this document, provided that these staff, in their judgment, are acting in my interests as well. This authorization is valid from the time I submit this signed document through a period of one year after my program ends. _____

Signature

Date

Please sign and send this form to:

Admissions, Living Routes

284 North Pleasant Street, Suite 1

Amherst, MA 01002



Study Abroad in Ecovillages

Study Abroad Advisor Approval Form

To The Living Routes Student:

Are you currently an enrolled student? Please check the appropriate box.

Yes (if yes, please complete this form)

No (if no, please sign here only, and return to Living Routes)

Name

Signature

If you are currently enrolled, your application cannot be considered until Living Routes receives this form. Please fill out the Student Information and Program(s) sections and then submit it to your study abroad advisor, dean, or other home campus official responsible for approving study abroad.

STUDENT INFORMATION

Name (please print)

First

Middle

Last

Institution

Birth Date

Current

Address

street

city or town

state

zip code

Telephone ()

E-mail Address

I hereby authorize information needed to complete this form to be released to the official responsible for approving my program of study abroad.

Student's Signature

Date

PROGRAM(S) Applying for:

*Study Periods: Fall/Spring/Summer/January

1. (study period* and year)

2. (study period* and year)

3. (study period* and year)



Study Abroad Advisor Approval Form



Living Routes offers University of Massachusetts Amherst accredited academic study programs (January, Summer, Semester and Year Abroad) that focus on Environmental Studies, Peace and Social Justice, Ecological Design, Sustainable Agriculture and Service Learning in sustainable communities around the world. For more information, please visit www.LivingRoutes.org.

To the Home College Official

The study abroad application for the student named will not be complete until we receive this form indicating institutional approval of this applicant's foreign study plans and your confidential comments, if any, about the applicant. Because all applications are handled on a rolling admissions basis, your prompt response is appreciated. Feel free to attach a separate sheet on your letterhead if necessary. Please mail or fax this form to us at the address below.

ACADEMIC SECTION

Is this student in good academic standing? Yes No If no, please explain.

What is your general estimate of this student as a candidate for study abroad?

Has this student secured the necessary approval from your institution to study abroad?
 Yes Approval not necessary No If no, please explain.

Will the credits earned by this student on a Living Routes study abroad program be accepted towards this student's degree program at your institution?

- Yes, transfer credit is approved.
- Yes, but final approval cannot be granted until program completion.
- Yes, but subject to the following conditions: _____
- No, for the following reasons: _____

DISCIPLINARY SECTION

Does this student have a disciplinary record with the institution? Please check the appropriate box:
 No Yes and an official document or copy stating the details is enclosed I do not have access to that information

Comments:

Do you recommend this student? Yes Yes, with reservations (attach explanation of reservations) No

DR/Mr./Mrs/Ms _____ Position _____

Department _____ Institution _____

Address _____
street city/town state zip code

Phone (____) _____ Fax (____) _____ Email _____

Signature _____ Date _____



Study Abroad in Ecovillages

Recommendation Form

This Section to be Completed by Applicant (please make copies of this form if needed)

Name of Applicant _____ LR Program _____
Reference Requested from _____ Relationship _____

This Section to be Completed by Referee (for more info on Living Routes, visit www.LivingRoutes.org)

If you prefer, you are welcome to write a letter of recommendation for this applicant instead of completing this form. This reference is offered with the understanding that my identity will or will not be held in confidence. How long and in what capacity have you known the applicant? _____

Please indicate the applicant's competence in the following areas in comparison to other individuals whom you have known at similar stages of their careers.

	Below Avg.	Avg.	Above Avg.	Very Good	Out-standing	Unsure	Comments
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Self-Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Articulateness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If selected, the applicant will be required to adapt to an intensive community living and learning experience. His or her success will be strongly affected by her/his maturity and motivation to engage in this process. All participants have strengths and weaknesses relative to their participation in study abroad programs. Based on your knowledge of the applicant, we would appreciate your thoughtful and candid appraisal. Your remarks will be seen by faculty and staff specifically responsible for counseling the applicant regarding this program. Please mail this form to the address shown below. We greatly appreciate your cooperation.

Strengths:

Weaknesses:

Name _____ Signature _____ Date _____
Address _____
Email _____ Phone _____

