



DEPARTMENT OF INTEGRATIVE BIOLOGY
APPLICATION FORM – Marine Biology & Oceanography – ZOO*4300
*(Please return application form, deposit and course waiver form to Jack Mallon, Room 2484,
Science Complex, no later than Friday, January 27th, 2017)*

Name: _____

Current Semester _____ Student ID# _____

Program _____ GPA _____ (subject to verification)

Pre-requisites and Recommended University Courses	Course Names	Code
Aquatic or Ecology		
Statistics		
Invertebrate Biology		

Current address _____

Current phone _____ E-mail _____

Address during Summer 2017 (or permanent address) _____

Phone summer _____

If not accepted initially, I wish to be placed on a waiting list: YES _____ NO _____

A DEPOSIT OF \$350.00 MUST ACCOMPANY YOUR APPLICATION. Cheque/money order is payable to the University of Guelph. You must also hand in a signed Course Waiver form (check the box Fall, Year 2017). WE WILL REGISTER YOU IN THE COURSE!!!!

http://www.uoguelph.ca/registrar/undergraduate/files/course_waiver_request.pdf.)

Deposit will only be refunded if you are not accepted into the course. If a student withdraws from the course after paying all fees a refund is possible with documented medical or compassionate reasons and requires the approval of the program counselor. **Must** be registered University of Guelph Student.

OTHER INFORMATION

This information is being collected to assist in organizing accommodation, meals and to better support you in the field. This information will not be used to exclude students from participation in the course. Participation will be determined based on academic preparedness as indicated above. In providing this information you consent to have it disclosed to the relevant instructors and support staff for your field course.

Please indicate for accommodation purposes: FEMALE ___ MALE ___

Please indicate any dietary restrictions you may have: _____

Please indicate any allergies or drug sensitivities you may have: _____

We will be operating in all weather on boats, on steep and slippery rocky coastlines and on very soft and muddy or sandy surfaces. Please indicate any physical limitations and/or disabilities that may affect your participation in such fieldwork:

Contact person in case of emergency

Last Name _____ First Name _____

Relationship _____

Address _____

PHONE: Daytime _____ Evening _____ Cell _____