

PERSONAL INFORMATION SHEET

Please type or print.

I am (check one) an Ithaca College student
 a student currently attending: _____

Applying for: (check one) SUMMER 2010 2010-2011 Academic Year

Name: _____
first middle last preferred

Student ID#: _____ Date of birth (mm/dd/yy): ____ / ____ / ____ Sex: M F

Major: _____ Year in School: 2nd Sem. Soph Junior Senior Graduate

Concentration: _____ Graduation Date (Month/Year): _____

Current mailing address: _____

City, State, ZIP: _____

Date until which this address can be used: _____

Current phone(s) #, best time: _____

E-mail address: _____

Permanent address: _____

City, State, ZIP: _____

Phone(s) #, best time: _____

Please indicate the name and address to be used for billing and other mailings:

Parent or guardian name(s): _____

Address: _____

City, State, ZIP: _____

Home phone (_____) _____ Work: (_____) _____

Required medical insurance provided by: Ithaca College Other: _____

ACADEMIC INFORMATION FORM Summer 2010 Applicants Only

Name: _____

Student ID#: _____

Major: _____

Concentration: _____

Minor: _____

Cumulative GPA: _____ / 4.0

Academic Advisor: _____

Advisor's Signature: _____

Total semester credits earned by end of last term: _____

Total semester credits currently enrolled: + _____

Total semester credits earned by end of current term: = _____

Graduation Date:	
month	year

Internships completed or in progress:

	<u>DATES</u>		<u>CREDITS</u>	<u>ORGANIZATION / LOCATION</u>
1.	_____ to _____		_____	_____
2.	_____ to _____		_____	_____

SUMMER 2010 APPLICANTS:

- Refer to page 6 of "Application Instructions & Program Information" to complete this form.
- You **MUST** register for 3, 4 or 5 internship credits. The minimum internship requirement is 3 credits; the maximum is 5.
- You **MUST** obtain your advisor's signature. Please be sure to confer with your advisor concerning your academic progress.
- Elective courses are optional. Please refer to page 6 of "Application Instructions & Program Information" for summer courses.

REQUIRED INTERNSHIP			CREDITS
<input checked="" type="checkbox"/> check one internship			Summer
	CNPH-49000	Cinema & Photography Internship	3 4 5 (circle one)
	JOUR-49000	Journalism Internship	
	STCM-49000	Strategic Communication Internship	
	TVR-49000	Television & Radio Internship	

ELECTIVE COURSE SELECTION (OPTIONAL)			
	Course #	Course Name	CREDITS
1.			
2.			
3.			
4.			
Total number of required and elective credits you EXPECT to take in LA:			

ACADEMIC INFORMATION FORM 2010-2011 Academic Year Applicants Only

Name: _____
 Major: _____
 Minor: _____

Student ID#: _____
 Concentration: _____
 Cumulative GPA: _____ /4.0

Academic Advisor: _____

Advisor's Signature: _____

Total semester credits earned by end of last term: _____
 Total semester credits currently enrolled: _____ + _____
 Total semester credits earned by end of current term: _____ = _____

Graduation Date:	
_____ / _____	
month	year

Internships completed or in progress:

	<u>DATES</u>		<u>CREDITS</u>	<u>ORGANIZATION / LOCATION</u>
1.	_____ to _____	_____	_____	_____
2.	_____ to _____	_____	_____	_____

2010-2011 ACADEMIC YEAR APPLICANTS:

- Refer to pages 6-7 of "Application Instructions & Program Information" to complete this form.
- All Fall 2010 and Spring 2011 students are required to take a six-credit Internship AND one-credit "Media Industries."
- See page 7 of the "Application Instructions & Program Information" for a list of courses offered in the fall and spring semesters.
- **TV-R MAJORS:** Please be aware of the restrictions concerning your registration. See page 6 of "Applications Instructions & Program Information" for details pertaining to these restrictions.
- You **MUST** obtain your advisor's signature. Please be sure to confer with your advisor concerning your academic progress.

REQUIRED COURSES			CREDITS
<input checked="" type="checkbox"/> check one internship			Fall/Spring
	CNP4-49000	Cinema & Photography Internship	6
	JOUR-49000	Journalism Internship	
	STCM-49000	Strategic Communication Internship	
	TVR-49000	Television & Radio Internship	
<input checked="" type="checkbox"/>	GCOM-32600	Media Industries	1
COURSE SELECTION (This is NOT official)			
List two courses you wish to enroll in and one alternate			
	Course #	Course Name	
1.			3
2.			3
3.			3
Total number of required and elective credits you EXPECT to take in LA:			

CONSENT FORM

Please initial each item:

1. ___ I understand that all participants in the Ithaca College Los Angeles Program will be responsible for their own travel arrangements to and from Los Angeles, and all transportation needs while in Los Angeles, and for the charges involved.
2. ___ I understand that Ithaca College will provide housing for participants in the program, and that participants will be responsible for the cost. The cost of housing will be specified on the Information Sheet for the semester for which the participant is applying. Kitchen, linen, rental, and other packages are available at an additional cost.
3. ___ I understand that participants must live in the College housing provided and abide by housing regulations.
4. ___ I understand that participants are responsible for the cost of meals, laundry, books, supplies, telephone, and incidentals.
5. ___ I understand that the College reserves the right to cancel or alter any or all of the aspects of this program and/or alter its schedule of charges should unforeseen circumstances warrant such action.
6. ___ I understand that there are credit hour enrollment minimums and maximums, described in the Information Sheet for the semester for which the participant is applying.
7. ___ I understand that, before this application will be considered, all participants must be in good academic, judicial and financial standing at the College or their current school of enrollment.
8. ___ **Ithaca College students:** I agree to meet the schedule of payments in connection with this program as provided by the Ithaca College Bursar's Office. Ithaca College's normal billing procedures will be followed and regular tuition and fee rates will be charged **plus a non-refundable \$35 Los Angeles Program application fee.**
9. ___ **Ithaca College students applying for the 2010-2011 Academic Year:** I agree to pay the required non-refundable \$400 advance deposit by March 15, 2010, which will be fully credited to the participant's account. *This deposit is required for **all** students returning to Ithaca College. There is no additional deposit necessary to attend the Los Angeles Program.*

I have read all the materials provided about the program as well as the information above, and I agree to participate in the program under these terms.

I have read all the materials provided about the program as well as the information above, and I give my son/daughter/ward permission to participate, and I agree to these terms.

STUDENT'S SIGNATURE DATE

PARENT/GUARDIAN'S SIGNATURE DATE
(Required if student is not responsible for bills)

Student's name typed or printed

Parent/Guardian's name typed or printed

STUDENT CONDUCT CERTIFICATION

APPLICANT: Please complete the information below and give this form to the institutional officer responsible for administering the student conduct code at your college or university.

Applying for: (✓ check one) SUMMER 2010 2010-2011 Academic Year

I _____ am applying for admission to the Ithaca College Los Angeles Program.
(print your name)

Student ID#: _____

I hereby authorize the appropriate officials at my college/university to release information regarding my conduct as an undergraduate and send it to the Ithaca College Los Angeles Program. I further agree to abide by the Ithaca College Conduct Code (<http://tinyurl.com/ICstudentconduct0910>) while I am attending the Los Angeles Program.

Student's Signature

Date

ITHACA COLLEGE JUDICIAL OFFICER:

Please complete this form and fax to (607) 274-1108 or send it to:

Los Angeles Program
c/o Dean's Office, School of Communications
Ithaca College
311 Park Hall

NON-ITHACA COLLEGE JUDICIAL OFFICERS:

Please complete this form and fax to (323) 851-6748 or send it to:

Stephen Tropicano, Director
Ithaca College Los Angeles Program
3800 Barham Blvd., Suite 305
Los Angeles, CA 90068

Is the student currently in good judicial standing? _____ YES _____ NO

Has the student ever been cited for misconduct at your institution? _____ YES _____ NO

Has the student ever received a sanction more severe than a written warning? _____ YES _____ NO

If yes, what was the nature of the infraction and sanction imposed (in each case; use additional pages as needed):

Signature _____ Date _____

Name (typed or printed) _____

Title _____ Office phone (_____) _____

College/University _____

ACADEMIC RECOMMENDATION

APPLICANT: Please complete the information below and give this form to a Park faculty member **in your major** (or minor for non-majors) who knows you well enough to provide an informed assessment of your academic strengths and weaknesses.

Applying for: (✓ check one) SUMMER 2010 2010-2011 Academic Year

I, _____ am applying for admission to the Ithaca College Los Angeles
 (print your name)

Program. In compliance with the Family Education Rights and Privacy Act of 1974, as amended:

(✓ check one)

_____ This evaluation will remain confidential; I waive my right to view it.

_____ This evaluation will not remain confidential; I do not waive my right to view it.

Signature _____ Date _____

PARK SCHOOL REFERENCE: Please complete this form and fax to (607) 274-1108 or send it to:

Los Angeles Program
 c/o Dean's Office, School of Communications
 Ithaca College
 311 Park Hall

NON-ITHACA COLLEGE ACADEMIC REFERENCE: Please complete this form and fax to (323) 851-6748 or send it to:

Stephen Tropiano, Director
 Ithaca College Los Angeles Program
 3800 Barham Blvd., Suite 305
 Los Angeles, CA 90068

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

2. Please evaluate the candidate in the following areas:

	Above Average	Average	Needs Improvement
Overall Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please comment on the candidate's strengths and weaknesses relevant to his/her ability to perform an internship in Los Angeles. If necessary, continue your responses on an attached page. PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.

Signature _____ Date _____

Name (typed or printed) _____

Title _____ Office phone (_____) _____

College/University _____

BUSINESS/WORK RECOMMENDATION

APPLICANT: Please complete the information below and give this form to a present or past employer, someone with whom you have done volunteer work, or a campus activity supervisor who knows you well enough to provide an informed assessment of your strengths and weaknesses.

Applying for: (✓ check one) SUMMER 2010 2010-2011 Academic Year

I, _____ am applying for admission to the Ithaca College Los Angeles
 (print your name)

Program. In compliance with the Family Education Rights and Privacy Act of 1974, as amended:

(✓ check one)

_____ This evaluation will remain confidential; I waive my right to view it.

_____ This evaluation will not remain confidential; I do not waive my right to view it.

Signature _____ Date _____

REFERENCE: Please complete this form and fax to (323) 851-6748 or send it to:

Stephen Tropiano, Director
 Ithaca College Los Angeles Program
 3800 Barham Blvd., Suite 305
 Los Angeles, CA 90068

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

2. Please evaluate the candidate in the following areas:

	Above Average	Average	Needs Improvement
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please comment on the candidate's strengths and weaknesses relevant to his/her ability to perform an internship in Los Angeles. If necessary, continue your responses on an attached page. PLEASE DO NOT WRITE ON THE BACK OF THIS FORM.

Signature _____ Date _____

Name (typed or printed) _____

Title _____ Office phone (_____) _____

Business/Department _____

SEMESTER PREFERENCE FORM (Ithaca College Students only)

- Please use this form to indicate if you are applying for Summer 2009 OR for the 2010-2011 Academic Year.
- If you are applying for the 2010-2011 Academic Year, you must also indicate on this form your first and second choice for which semester you want to attend the Los Angeles Program.
- All candidates must sign and date the bottom of the form.

Name: _____

Student ID#: _____

Applying for: (check one) SUMMER 2010 2010-2011 Academic Year

2010-2011 Academic Year Applicants Only:

My **first** choice is: (check one) Fall 2010 Spring 2011

My **second** choice is: (check one) Fall 2010 Spring 2011

2010-2011 Academic Year Applicants (Optional): Use the space below to share any pertinent information with the LA Program Director regarding your first choice:

ALL APPLICANTS READ AND SIGN BELOW:

I have read the "Application Instructions & Program Information" and understand all decisions regarding my application to the LA Program made by the LA Program Director, in conjunction with the LA Program staff, are **final**.

Signature _____

Date _____