

Application Instructions*:

1. Please complete this application by typing your responses (or writing very legibly) in the spaces provided. Paper copies of all required materials are due in The Office of Advancement, 312 Hall of Languages, no later than **Friday October 30, by 5:00 pm.**
2. Please be sure to attach a copy of your resume and your personal statement.
3. Please request that your recommender send a letter of recommendation on letterhead in a sealed envelope to be received in The Office of Advancement, 312 Hall Languages, by the deadline. It is your responsibility to ensure its arrival.
4. Once your application materials have been reviewed for completeness, you will receive an email confirming the receipt of your application package.
5. If you have any questions or concerns regarding the application process, please do not hesitate to contact **Judy Bragg** at the following address:

Syracuse University
Office of Advancement
312 Hall of Languages
Syracuse, New York 13244
Phone: (315) 443-1995 |
E-mail: jabragg@syr.edu

Application Checklist:

- Have you completed this application in its entirety, including signing the last page?
- Have you attached your resume and statement?
- Have you requested that a letter of recommendation be sent on your behalf by the deadline?
- Have you sent or delivered one copy of the completed application in time to reach the Office of Advancement no later than **Friday October 30, 5:00pm?**

**Please note that if you do not provide responses to all questions on this application form or fail to complete the application process as instructed, your application will be deemed incomplete, and we may not consider you as a candidate for admission.*

PERSONAL INFORMATION:

Name (Last, First, Middle): _____
 SUID Number: _____
 Date of Birth (Month/Date/Year): ____/____/____ Gender: _____
 Citizenship: _____ Passport Number (required for non-U.S. citizens): _____

CAMPUS ADDRESS (valid through ____/____/____):

Street/Box, Apartment #: _____
 City, State, Zip: _____
 Phone: (____)-____-____ Cell Phone: (____)-____-____
 E-mail address: _____

PERMANENT ADDRESS:

Street/Box, Apartment #: _____
 City, State, Zip: _____
 Phone: (____)-____-____

EMERGENCY CONTACT*:

Name (Last, First)/relationship _____
 Address (Street/Box, Apartment#): _____
 City, State, Zip: _____
 Daytime Phone: (____)-____-____ Evening Phone: (____)-____-____
 Cell Phone: (____)-____-____

*Please identify a parent, guardian or relative whom we could contact in the event of an emergency.

SELF-IDENTIFICATION (OPTIONAL):

If you wish to identify yourself as a member of an ethnic or racial group, please indicate that below:

- African-American, not of Hispanic origin
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Caucasian, not of Hispanic origin
- Hispanic, not of Puerto Rican origin
- Mexican
- Puerto Rican
- Other, please specify: _____

ACADEMIC INFORMATION:

Academic program(s) of study (ie, majors and minors): _____
 Cumulative GPA: _____ Most recent semester GPA available: _____
 List of courses in which you are enrolled this semester:
 Dept. & No. _____ Title _____
 Dept. & No. _____ Title _____
 Dept. & No. _____ Title _____
 Dept. & No. _____ Title _____
 Dept. & No. _____ Title _____
 Are you in the Honors Program? _____
 When do you expect to graduate (Month/Year)? ____/____

SUPPLEMENTAL INFORMATION:

1. A copy of your current resume.
2. One brief letter of recommendation, on letterhead, from a faculty member or academic advisor who can attest to your academic abilities and seriousness as a student.
3. A personal statement in response to the following:

Comment on your interests, achievements, and plans particularly as they relate to the Winston Fisher Seminar. Include in your statement your reaction to the essay, "The Business of the Humanities,"

http://advshared.syr.edu/BUSINESS_OF_HUMANITIES_article.pdf

by Professor Michael DeWilde as you formulate your thoughts on the relationship between business and the liberal arts (maximum 500-750 words).

HEALTH INSURANCE:

Name of insurance company: _____

Name of policy holder: _____

All students will be required to sign an off campus travel waiver and assumption of risk form..By signing this form, the above-named student agrees as follows: To obtain and maintain such health, accident, disability, hospitalization and travel insurance as he or she may deem necessary for the Activity, and to be responsible for the costs of such insurance and for any expenses not covered by insurance.

AUTHORIZATION:

I hereby authorize the release of information from my student personnel record upon the request of Syracuse University's College of Arts and Sciences.

I certify that the information on this application is correct, and that I understand that on becoming a student in this program I shall be subject to all rules, regulations, and requirements of Syracuse University as stated in University publications. I understand that Syracuse University reserves the right to require the withdrawal of any student on account of unsatisfactory academic work or behavior.

Signature of Student: _____ **Date:** _____

Syracuse University is an equal opportunity affirmative action institution and does not discriminate on the basis of race, creed, color, sex, national origin, religion, marital status, age, disability, sexual orientation, being a disabled veteran, or a veteran of the Vietnam Era. This non-discrimination policy covers admissions, employment, and access to and treatment in University programs, services, and activities.

Syracuse University welcomes people with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, as amended, does not discriminate on the basis of disability. Syracuse University supports equal opportunity for both sexes and in compliance with Title IX of the Education Amendments of 1972 does not discriminate on the basis of sex.

Program information details are subject to change without notice.

NOTE: Students who participated in the 2009 Winston Fisher Seminar Program are ineligible to apply for the 2010 Program.

For office use only:

Name: _____

Date received: _____

Resume received: _____

Recommendation received: _____

Confirmation sent: _____