



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	Summer January	
		Semester Applicants: you do not need to wait for your transcript or recommendations to apply. We will contact you for an interview upon receiving this application and other supporting materials. You can experience two or more programs. Only one application and fee payment (\$50) is required.
<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 non-refundable application fee made payable to <i>Living Routes</i> . Semester: \$50; Summer/January Term: \$25
<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 two influential turning points in your life; the people who were involved and the challenges and benefits you experienced as a result of the experience. Describe how these turning points have shaped the person you are today.
<input type="checkbox"/>	<input type="checkbox"/>	Semester Program: 2 references (1 Character, 1 Academic). January Term / Summer: 1 reference (Academic) <small>*The <i>Living Routes</i> Recommendation form is attached to this application</small>
<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).
Country(ies) of Program(s): _____ Year(s) _____		
<input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer <input type="checkbox"/> January <input type="checkbox"/> Ecovillage Year Abroad		
Current Contact Information: Full name as it appears (or would appear) on your passport: _____ First M.I. Last Preferred First Name Gender Social Security Number _____ - _____ - _____ Date of Birth: ____/____/____ Current Address: _____ City: _____ State: _____ Zip Code: _____ Phone: (____) _____ Email Address: _____ Cell: (____) _____ This Address/Phone is valid until: ____/____/____		
Permanent Address: Address: _____ Home Phone: (____) _____ City: _____ Work Phone: (____) _____ State: _____ Zip Code: _____ Cell Phone: (____) _____		

Emergency Contact Information: (Relationship **CIRCLE:** Parent/Guardian/Spouse/Partner/Friend)

Primary Contact: _____ Home Phone: (____) _____

Address: _____

Email: _____ Work Phone: (____) _____

Secondary Contact: _____ Home Phone: (____) _____

Address: _____

Email: _____ 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
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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 _____

Short Answer Responses (Please attach a separate sheet or use the back page of this application)

1. Why are you interested in participating in a Living Routes program, instead of other study abroad programs? Why do you think it is a good fit for you at this point in your life? Be specific.
2. Describe the kinds of community/group experiences you have had. What have been some of your successes working with groups? What have been some of your challenges?
3. Briefly describe a powerful educational experience you have had. What made it powerful? What did you learn from it? Be specific.
4. Many ecovillages have a spiritual (not religious) focus. How do you feel about this? Explain.
5. Please list three goals/hopes you have for studying with Living Routes.
6. Describe the areas of your life in which you'd like to grow and why.

Personal Information

How did you find out about this program? Poster Friend: _____
 Fair/Event Classroom Presentation Internet Site: _____
 Internet Search Engine/Query: _____
 Other: _____

Do you know a friend who would like to learn about Living Routes? (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: _____

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

How would you describe your diet? Vegetarian (eggs/dairy) Vegan Omnivore

Other dietary restrictions (please specify) _____

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

Academic and Character Recommendation Form

This section to be completed by applicant (please make a copy of this form for 2nd reference)

Name of Applicant _____ Program Country and Term _____
Reference Requested from _____ Relationship _____

Please Note

- If selected, the applicant will be immersed in an intensive community living and learning experience. Living Routes (LR) programs are emotionally, physically and intellectually demanding, requiring students to interact in close-knit groups, engage in rigorous academics, live in foreign and rugged environments, and in general be on the edge of their comfort zones. A student's success on the program will be strongly affected by her/his maturity and motivation to engage in this process.
- Before completing this form, please visit our website at www.LivingRoutes.org and review the program the student is applying for. If you have any questions feel free to call the LR office directly.
- Please fill out this form in its entirety and use as much supporting detail as possible. You are welcome to write an additional letter of recommendation to accompany this form.
- Please mail or fax this form to the address below.

This Section to be Completed by Referee

This reference is offered with the understanding that my recommendation will will not be held in confidence.

I am available to talk further with LR staff about this applicant yes no

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"/>	_____
Team Player	<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"/>	_____
Self-Responsibility	<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"/>	_____
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(Listening to others)

(Self Expression)

Based on your knowledge of the applicant, we would appreciate your thoughtful and candid responses to the following questions. Please use examples from your experience working with the applicant to illustrate your responses. Faculty and staff specifically responsible for teaching, coaching and mentoring the applicant during this program, will see your remarks.

1. What positive contributions do you feel this applicant will make as a participant on this program?

2. What challenges do you feel this applicant will face as a participant on this program?

3. What is your sense of the student's emotional maturity and ability to adapt to new living and learning experiences and environments?

4. Other relevant information/insights you would like to share about the student

Name _____ Signature _____ Date _____

Address _____

Email _____ Phone _____



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



Student Name: _____

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 _____