

Penn State's College of Agricultural Sciences

APPLICATION FOR

Participation in (HORT 499 Gardens of England)

Spring/Summer 2025 course, international experience in England May 14- 24, 2025

Directions: Please type or print in ink. Attach additional information as necessary.

I. PERSONAL INFORMATION

NAME: _____
First Middle Last

Student ID No.: _____ Semester Standing: _____ Major: _____

E-mail Address: _____ Graduation Date: _____ Date of Birth: _____

Phone Number: _____ Do you have a current passport?: _____

Person to notify in case of an emergency:

Name Relationship Phone

Any allergies, dietary, health concerns, special accommodations you need or would like us to be aware of while in the United Kingdom? _____

II. INTERNATIONAL INTEREST

Have you ever travelled outside the United States before and if so, where?

How did you learn about this course?

Please share in ~250 words what interests you about this course, what you hope to gain from your participation, and anything else you would like to share with the instructors. Please attach an additional page if more space is needed.

Participants will be selected by a committee based on their experiences, interests, enthusiasm about the course topic, and if all other determinants are equal, seniority will be used as a tie breaker.

III. COMMITMENT STATEMENT (SEE FLYER FOR COURSE/TRIP DETAILS)

If accepted to participate in this course, I agree to attend all scheduled course sessions, and participate fully in the preparation, trip, and follow-up-activities of the course. I agree to participate fully and represent Penn State and the College of Agricultural Sciences appropriately during this experience.

I understand that my Student Conduct record and Academic record will be checked as part of the application process. I understand that if I have a significant disciplinary Student Conduct record, am currently on disciplinary probation, academic probation, or if my GPA is below 2.5, I may be deemed ineligible for the program. Though every effort will be made to refund any deposit I have paid, I understand that I remain liable for all program costs that have been incurred on my behalf at the time of my removal from the program. I understand that if I am unable to participate in the course at any point after my travel payments become non-refundable, for any reason including illness or family emergencies, I am responsible for all costs.

Signature: _____ Date: _____

(if submitting application by email – by typing your name above you are stating your commitment)

Email completed application to (mch7@psu.edu (Dr Margaret Hoffman) or mrm126@psu.edu (Dr Mike Mohney) or you may drop it off during business hours to (306 Tyson Building). Please email with any questions.

APPLICATION DEADLINE: **Jan 25, 2025** (Follow-up informal interview will be scheduled)
NOTIFICATION BY: **Feb 5, 2025**