

Enrollment Deadlines

Friday, August 5: Application, Health Form, Student Agreement, Insurance Form, Gear Request Form, and Sizing Sheet.

Enrollment materials may be returned in any of the following ways:

- Fax to 307-332-8811 (Attn: NOLS Professional Training)
- Scan and email to nolspro@nols.edu
- Mail to NOLS Professional Training, 284 Lincoln Street, Lander, WY 82520

If you have any questions, please call the NOLS Professional Training office at 307-335-2220 or email nolspro@nols.edu.

Final acceptance is contingent upon receipt and approval of the materials listed above. NOLS seeks students who are motivated to learn outdoor skills and develop leadership, are in good health, physically and emotionally, and are socially responsible. NOLS is not an appropriate choice for individuals dealing with behavioral, motivational or rehabilitations issues. We will deny admission to anyone we believe to be unable to meet the physical, mental, social or safety demands of our courses.

Student Behavior and Discipline

NOLS will expel any student who exhibits behavior that is unsafe or disrupts or distracts from the educational mission of a course. Harassment, use of drugs and alcohol, theft or misuse of property, low motivation and disregarding instructions are examples of behavior that will lead to expulsion. If a student is expelled, there will be no refund.

Equal Opportunity

NOLS does not discriminate on the basis of race, color, religion, creed, sexual orientation, national origin, age or disability in the administration of its admission or employment policies.

I have read, understand, accept and agree to abide by the rules, policies and guidelines set forth in the NOLS information. I understand the relationship between NOLS and me will be governed by the substantive laws of the State of Wyoming and any suit, mediation, or arbitration of any dispute with NOLS must be filed exclusively in the State of Wyoming. I understand that I am not accepted on my course until all enrollment forms have been received and approved by NOLS. I give NOLS permission to share my contact information with other NOLS students or graduates and/or with environmental organizations or strategic partners in which NOLS graduates may be interested. I give NOLS permission to use my name, contact information and picture in promotional materials.

Signature of Applicant: _____

Date: _____

Signature of Parent or Guardian is also required to reflect agreement:

_____ **Date:** _____

