

NOLS Professional Training Application

Kellogg School of Management Leadership Expedition March 15-23, 2012

Applicant's Personal Information

Name: _____
Last First Middle Preferred First

Permanent Address: Street (include apt, box, etc.): _____
City State Zip

Home Tel: _____ Mobile Tel: _____ E-mail: _____

Temporary Address: Street (include apt, box, etc.): _____
City State Zip

Dates to use this address: _____

Birth Date: ____/____/____ Sex: F M Height: _____ Weight: _____
Month Day Year

Have you applied for a NOLS / WMI / LNT course before? Please give course and date: _____

Have you participated in a NOLS / WMI / LNT course before? Please give course and date: _____

Responding to ethnic origin is optional. Please check the box that best describes you:

American Indian or Alaskan Native Asian or Pacific Islander Black, not of Hispanic origin Hispanic or Latino
 White, not of Hispanic origin Multiracial Other Citizen of _____

Education and Work History

Current or last school attended: _____ Are you currently enrolled: Yes No

Highest Level completed (check one): HS Diploma BA/BS MA/MS Ph.D. Other

Occupation: _____ Title: _____ Employer: _____

Parent / Guardian Information (required for applicants 25 or younger):

Mother (Mrs, Ms, Dr.) _____ Father (Mr, Dr.): _____

Address is the same as student's permanent address Address is the same as student's permanent address

If not: _____ If not: _____

Tel: Home (____) _____ Mobile (____) _____ Tel: Home (____) _____ Mobile (____) _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Title: _____ Title: _____

Email: _____ Email: _____

Person to notify in case of emergency (required for all applicants):

Name: _____ Tel: Home (____) _____ Mobile (____) _____

Address: _____
Street City State Zip

Relationship to applicant: parent/guardian friend employer partner other relative



Enrollment forms and schedule for the 2012 NOLS/Kellogg Expedition can be found at:
http://www.nols.edu/nolspro/custom_courses/kellogg.shtml

Enrollment Deadlines

Friday, November 11, 2011: Application and \$500 deposit due.
Friday, January 13, 2012: Health Form, Student Agreement, and Insurance Form due.

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

Final acceptance is contingent upon receipt and approval of the materials listed above, as well as full tuition balance. 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.

NOLS Cancellation Policy

If you cancel from or leave a course for any reason:

60-45 days before course: NOLS retains 50% tuition
Less than 45 days before course: NOLS retains 100% tuition

We strongly urge you to purchase refundable plane tickets and trip protection.

Should a participant leave the course early for any reason, the student will be charged for expenses incurred in the evacuation. Although we rarely need to do so, we reserve the right to cancel a course or change a course duration, tuition or location. NOLS is not responsible for costs associated with these cases.

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:** _____

VISA/ Mastercard (circle one)	
Account Number: _____	Expiration Date: _____
Name as it appears on card: _____	
Signature: _____	