

Wilderness Medicine Institute of NOLS Application

Medicine in the Wild April 5th – April 29th, 2010

Applicant's Personal Information:

Name: _____
last first middle preferred

Address: Street (include apt, box, etc.): _____

City: _____
City State Zip

Phone Number: _____ E-mail address: _____

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

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

Have you participated in a NOLS/WMI 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 _____ How did you hear about this course?: _____

Education

Medical school: _____

Are you currently enrolled: Yes No What year are you?: _____

Parent or Guardian Information (required for students age 25 or younger):

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

Phone: Day (____) _____ Eve. (____) _____ Phone: Day (____) _____ Eve. (____) _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Title: _____ Title: _____

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

Name: _____ Phone: Day (____) _____ Eve. (____) _____

Address: _____

Street City State Zip
 Relationship to applicant: parent spouse other relative friend guardian employer partner

Admission Policies

DESCRIPTION	AMOUNT	DUE DATE
TOTAL COURSE TUITION	\$4425	
Tuition Deposit	\$500 (non-refundable)	With this application
Tuition Balance	\$3925	1/5/2010

Please submit this application form with a \$500 non-refundable tuition deposit (this will be applied toward your course tuition). An enrollment packet containing a course description, equipment list, travel information, and other materials to help you prepare for your course will be forwarded to you. You must return the following information from the enrollment packet: student agreement and release form; health form; insurance form. All forms and the remaining tuition are due 90 days before your course begins (1/5/2010).



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

Wilderness Medicine Institute of NOLS *Medicine in the Wild* Cancellation Policies

If you cancel or leave the course for any reason:

- 1) Between 90 and 46 days prior to the course starting date, NOLS will retain 50% of course tuition.
- 2) Less than 45 days prior to course start date and once the course has begun, there will be no refunds.

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

Participants will be required to reimburse NOLS for the expenses incurred in evacuating them from the course.

Although we rarely need to do so, we reserve the right to cancel a course or change a course duration, tuition or location. WMI of NOLS is not responsible for associated costs in 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 me and NOLS 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 the 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 also give NOLS permission to use my name, contact information and picture in promotional materials.

Signature of Applicant: _____ **Date:** _____

Credit Card payment info.

\$500 Non-Refundable Tuition Deposit

VISA/ MC (circle one) Account Number: _____ Expiration Date: _____

Name as it appears on card (please print): _____

Billing address: _____

Signature: _____

Please fax to 307-335-2355 or mail with a check to WMI of NOLS, 284 Lincoln St. Lander, WY 82520

