

UNIVERSITY OF DENVER INTERTERM REGISTRATION FORM

Interterm Fall Winter Spring Summer

Year _____

Current Date _____

Student ID Number _____

Name _____

Local Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Telephone _____

E-Mail Address _____

Are you:

Degree Seeking Student Yes No Non-Degree Seeking Professional Yes No

Visiting Degree Seeking Student Yes No Last time you were registered at DU? _____

Have you ever attended the University of Denver? Yes No

Major _____

Status: Freshman Sophomore Junior Senior Graduate TWC

Please register me for the following class:

Course #	Title	Cr. Hrs.	Date

FINANCIAL AID

Interterm Scholarships are available to students available to students who qualify. Please visit
<http://www.du.edu/specpro/interterm/index.html> or more information and to apply.



UNIVERSITY of
DENVER

Special Community Programs
2335 S. York St.
303-871-4836 telephone
303-871-4585 fax
www.du.edu/specpro



Interterm Travel Course Questions

Answer the following questions on a separate sheet. Each answer should be about 2 paragraphs typed. Make sure to include:

- Your name (first, last)
- ID number
- Interterm Course (title, course number)

1. How does this course fit into your academic and personal goals?
2. Please describe your reasons for selecting this particular travel course and location over other travel courses.
3. What have you done to prepare for your travel course experience?
4. Please describe three challenges you expect to face during your travel course experience and how you might deal with them.
5. Have you ever travelled internationally before? If so, where and for what reasons? Vacation, school, work, research, family, other?

Please refer to our Interterm Course flyer or our website (<http://www.du.edu/specpro>) if you have any further questions.



Interterm Travel Course Recommendation Form

To the Student:

Your application will not be considered until the Office of Special Community Programs receives a recommendation. You must use either this form, a course specific recommendation form, or obtain a recommendation letter. Please complete the Student Information section and then give this form to a faculty member who is familiar with your performance in the classroom.

Student Information:

Name: _____ DU ID#: _____

Interterm travel course to which you are applying: _____

Academic Reference:

To the Referee: The above-named student is applying to the Interterm travel course noted above. **The student's application will not be complete until we receive this form.** Because all admissions are handled on a rolling admissions basis, your prompt response will be appreciated. Please send the completed form to the Office of Special Community Programs.

1. How long and in what capacity have you known the applicant? _____

2. Please indicate the applicant's ability and competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Above Average	Average	Below Average	Unable to Rate
Applicant's academic attribution:				
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's reliability:				
Class attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparedness for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant's suitability for the chosen Interterm travel course:				
Ability to adapt to new circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. How would you rate the applicant's general abilities and potential in relation to others you have known at comparable stages in their university careers?

upper 5% upper 10% upper 25% upper 50% lower 50%

4. Is s/he mature enough to make the cultural adjustments required of this Interterm travel course?

5. Please provide any other comments you consider relevant to our consideration of this candidate.

Signature _____ Name _____
Please print or type

Title/Position _____ Date _____

Tel. _____ E-mail _____

Please return this form to:
Office of Special Community Programs
2335 S. York St.
Denver, CO 80208
Tel: (303) 871-4836
Fax: (303) 871-4585
Or via e-mail to: shannon.jahn@du.edu