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:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Cr. Hrs.</th>
<th>Date</th>
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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.

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.

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