

Digital Institute for Archaeology Fellowship Application

Instructions: Complete the attached application forms and return them along with a current CV to: Dr. Jesse Casana, Department of Anthropology, Main 330, University of Arkansas, Fayetteville, AR 72701 or by email to icasana@uark.edu. Please also arrange for one letter of recommendation to be sent under separate cover.

Name: _____

Current position/affiliation: _____

Preferred semester of participation:

___ Fall 2010 (August 23-December 8)

DEADLINE: July 31, 2010

___ Spring 2011 (January 18-May 5)

DEADLINE: November 12, 2010

___ Fall 2011 (August 22-December 14)

DEADLINE: April 15, 2011

___ Spring 2012 (January 17-May 11)

DEADLINE: October 14, 2011

PHD STATUS

University: _____

Department/Program: _____

Date completed or anticipated: _____

Dissertation title or topic:

Supervisor:

BACKGROUND

Outline past experience (if any) in geospatial technologies, including coursework, field projects or other areas:

STATEMENT

Attach a one page statement summarizing your research interests and how advanced training in geospatial technologies will assist you in your current and future endeavors. Be sure to outline specific plans for research you hope to undertake as a fellow.

PLEASE READ INSTRUCTIONS ON THE OTHER SIDE OF THIS APPLICATION



UNIVERSITY OF ARKANSAS

Fayetteville, Arkansas 72701

Graduate School Application for Admission

PLEASE PRINT CLEARLY IN ALL CAPITAL LETTERS • USE BALL POINT PEN

SOCIAL SECURITY NUMBER:
UA ID #:
EMAIL ADDRESS:

Office Use Only
Appl Center #:
Fee Amount:
Comments:
Date Paid:

Legal Name:

Last Name (Surname or Family Name) First Name (Given Name) Middle Name (if any)

Former Last Names (if any): Date of Birth: Month Day Year

Permanent Home Address:

Street Address
Street Address
City State or Province Zip Code or Postal Code
County (if in Arkansas or Texas) Country

Please indicate if you are:

Hispanic or Latino Yes No

Please select one or more of the following, as applicable:

- American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White

Native Language:

Citizenship:

- U.S. Citizen
Resident Alien (Immigrant) (see back)
Country of Citizenship:

- Non-Resident Alien (International)
Visa Type:

Country of Citizenship:

City of Birth:

Country of Birth:

Current Mailing Address (if different from Permanent Address):

Street Address
Street Address
City State or Province Zip Code or Postal Code
County (if in Arkansas or Texas) Country

Gender:

- Male
Female

Are you a bona fide Arkansas resident? (see back)

- Yes No

ADMISSION REQUESTED FOR:

Year:

- Semester: Fall (Aug. - Dec.) Spring (Jan. - May)
Summer I (May - Jun.) Summer II (Jul. - Aug.)

Are you seeking a degree?

- If YES, choose ONE: Master's Doctorate Specialist

Intended Major:

- If NO, choose ONE: Non-Degree Graduate Certificate

Intended Area of Study: Digital Inst. for Archaeology

Previous Address (if at current address less than 6 months):

Street Address
Street Address
City State or Province Zip Code or Postal Code
County (if in Arkansas or Texas) Country

Telephone Numbers:

Home: Work:
Cell: Fax:

Have you ever applied to the UA, Fayetteville? Did you enroll? If enrolled, what was your student classification?

- No Yes semester year
No Yes semester year
undergraduate graduate other

Person(s) to contact in case of emergency:

Last Name: First Name: Phone:
Last Name: First Name: Phone:

Table with columns: Colleges Attended / Location, Dates Attended (From, To), Type of Degree Received

Do you wish to be considered for an assistantship? No Yes (If yes, you MUST correspond directly with the director of your academic program.)

I hereby affirm that all information supplied is complete and accurate. It is my understanding that I shall not be considered for admission to the University of Arkansas until I have submitted all credentials specified.

Honor Code: On my honor as a graduate student at the University of Arkansas, I certify that I will neither give nor receive inappropriate assistance on the work I do for my degree.

I hereby affirm that I have read the honor code and agree to abide by the honor code should I be admitted and enroll at the University of Arkansas Graduate School.

Signature: Date:

The University of Arkansas is committed to the policy of providing educational opportunities to all qualified students regardless of their economic or social status and will not discriminate on the basis of race, color, sex, creed, sexual orientation, disability, veteran status, age, marital or parental status, or national origin.



AFFIDAVIT OF ACADEMIC QUALIFICATIONS FOR NONDEGREE STUDENTS

Name: _____

SSN: _____

Semester: _____ Year: _____

You will be admitted to the Graduate School for one semester only if you affirm that you hold
A bachelor's degree.

**"I certify that I am eligible for admission for one semester only to the Graduate
School at the University of Arkansas because I have been awarded a bachelor's
degree from an accredited college or university."**

Your signature here and on the application form affirms your belief that the above information
is true and that you understand that any enrollment taken as a one term nondegree seeking
student will not normally earn credit toward a graduate degree at the University of Arkansas.

(Signature)

(Date)