

APPLICATION FOR (Please select one or both camps)
Summer Workshop
College of Architecture
University of Nebraska-Lincoln

June 7 – June 13, 2015

**CAREER EXPLORATION:
ARCHITECTURE, INTERIOR DESIGN,
LANDSCAPE ARCHITECTURE**

June 14 – June 19, 2015

DISCOVER LANDSCAPE ARCHITECTURE

(Please print or type)

APPLICANT'S NAME _____

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE () _____

E-MAIL ADDRESS _____

NAME OF HIGH SCHOOL ATTENDING _____

CURRENT YEAR IN HIGH SCHOOL Sophomore _____ Junior _____ Senior _____

SAT OR ACT TEST SCORE (if known) _____ CLASS RANK _____ / _____

OVERALL GRADE POINT AVERAGE TO DATE IN HIGH SCHOOL _____ on a _____ scale

LIST COURSES TAKEN IN HIGH SCHOOL TO DATE

1. _____ 6. _____ 11. _____

2. _____ 7. _____ 12. _____

3. _____ 8. _____ 13. _____

4. _____ 9. _____ 14. _____

CHECK LIST

_____ Application completed?

_____ (2) Recommendation forms signed and distributed to references?

_____ 500 word essay enclosed?

MAIL TO: Summer Workshop
College of Architecture
210 Architecture Hall
University of Nebraska-Lincoln
Lincoln, NE 68588-0106

DEADLINE:
April 20, 2015

RECOMMENDATION FOR (Please select one or both camps)

- CAREER EXPLORATION: ARCHITECTURE, INTERIOR DESIGN, & LANDSCAPE ARCH**
 DISCOVER LANDSCAPE ARCHITECTURE

(Please print or type)

APPLICANT: _____ DATE: _____

WAIVER: The Family Rights and Privacy Act of 1970 as amended gives students the right to inspect under certain circumstances letters of recommendation written in support of application for admission or fellowships. The law also permits students to waive the right if they choose, but such a waiver is not a condition of application or award. If you wish to waive your right to examine this letter of recommendation, please sign the waiver below.

- _____ I waive my legal right to examine this letter.
 _____ I do not waive my legal right to examine this letter.

Applicant's Signature _____ Date _____

RECOMMENDER'S EVALUATION: Please rank the applicant in the following areas. (Note Workshop participation will entail a very intense period of study totaling approximately 60 hours. Your evaluation of the student's ability to participate responsibly will be appreciated.)

	top 5%	top 20%	average	below average	unknown
Creativity					
Graphic Communication					
Verbal Communication					
Written Communication					
Analytic Ability					
Ability to Work Independently					
Ability to Work Hard					
Maturity					
General Knowledge					

COMMENT: Please indicate the context in which you are acquainted with this student and comment on your overall opinion of the applicant. Please use separate sheet if needed.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

POSITION: _____

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