



2011 UCLA TAP Transfer Conference Application

Conference Date: Friday, November 18, 2011
Application Deadline: Tuesday, November 8

Open to all LMC Students

Logistics: We are travelling by airplane from the Oakland airport to the Los Angeles International Airport (LAX). Shuttle vans will transport us to and from the UCLA campus. You are responsible for getting yourself to the Oakland airport no later than 4:45AM on the morning of the 18th and we will return at approximately 10PM that evening.

Application Directions: Fill out these forms completely, attach your application paragraph and turn them in by November 8 with your \$45 payment to one of the following places:

- Honors Director Jennifer Saito in the Honors Center,
- MESA Director Carol Hernandez in Room #211 in the Science Building, or
- Transfer Center Coordinator Carla Rosas in the Transfer Center.

You may pay with cash or a check made out to "LMC Honors Club". If your application is not selected, your payment will be refunded.

Student Name: _____

Student ID #: _____

Student Address: _____

Student Phone: _____

Student Cell Phone: _____

Student E-mail: _____

Emergency Contact Person Name: _____

Relation: _____ (parent, roommate, spouse, etc.)

Contact Phone Number(s): _____

Over

Academic Information:

What is your Major?: _____

Student Status: *Check one and complete information*

_____ I am a **continuing LMC student** and my cumulative Los Medanos GPA is _____
I have completed _____ units at LMC and am currently enrolled in _____ units.

_____ I am a **1st semester student** at LMC and I attended _____ high school
I am currently enrolled in _____ units.

What is the highest level English class you have taken at LMC? Please include your current class if you are taking English this semester. _____

What is the highest level Math class you have taken at LMC? Please include your current class if you are taking math this semester. _____

What are the top 3 universities you are currently considering for your transfer school?

- 1. _____
- 2. _____
- 3. _____

When is your intended transfer date? That is, when is the first semester you anticipate being at your transfer university? (e.g. Fall 2012 etc.) _____

Are you a member of any special activities or programs on campus such as MESA, the Honors Program, the Transfer Academy, ACE, Puente, Umoja, Student Ambassadors, LMCAS, Clubs, the *LMC Experience*, Athletics, etc? If so please list all applicable programs here: _____

Application Essay: Please attach a 1-paragraph typed statement which outlines your reasons for wanting to attend the UCLA TAP Conference. What are you hoping to get out of the event?

Signature: My signature certifies that I am a currently registered student of Los Medanos College. I understand that if my application is selected, the \$45 registration fee for this conference trip is *nonrefundable* .

Student Signature

Date



Student Attendance Agreement

Contra Costa Community College District 2011 UCLA TAP Conference Trip

Name: _____

Student ID: _____

Name of Club: **Honors Club, AMSA & Transfer Academy** Club Advisors: **Jennifer Saito & Carol Hernandez**

Conference Date: **November 18, 2011**

I understand that I am attending this retreat as a representative of Los Medanos College and that my expenses are paid in part by the Honors & MESA Programs, LMCAS and the Inter Club Council. I understand that I am expected to conduct myself in a responsible manner and agree to the following:

- I am currently enrolled at Los Medanos College.
- No unauthorized personal vehicles are permitted to be driven to the conference without the approval of the advisor.
- I am aware that the California State Education Code and the policies of the Contra Costa Community College District **prohibit possession or use of alcoholic beverages during the college function, regardless of the attendee's age.** (Prescriptions should be registered when turning in your application for your own protection.)
- I understand that no inappropriate behavior will be permitted, nor any behavior that would endanger the undersigned or others. I also understand that I am responsible for any damages I cause to any facility while attending this conference.
- I agree I will not invite outside visitors to participate in conference activities without having obtained prior approval from my advisor.
- I understand that this conference is an official field trip and that I am required to attend all possible work sessions.
- I understand that any infraction may result in possible disciplinary action and immediate dismissal from the conference and that I will then become responsible for making other arrangements for my return to the college.
- All participants must stay within the designated areas announced.
- Any exceptions must be approved by the advisor one week prior to the event date.

In addition, I understand that this Conference Attendance Agreement Form must be turned in by the time designated by the advisor and before the event date.

Signature of Student: _____

Print Name of Student: _____

Date: _____

OVER



Liability Release/Medical Information

**Contra Costa Community College District
2011 UCLA TAP Conference Trip**

Student Name: _____ **Student ID:** _____

Name of Club: LMC Honors & AMSA Club **Club Advisor:** Jennifer Saito, Carol Hernandez
Conference Date: November 18, 2011
Destination: University of California, Los Angeles

As stated in California Code of Regulations, Subchapter 5, Section 5540, I understand that I hold the District, its officers, agents and employees harmless from any and all liability of claims arising out of or in connection with my participation in this activity.

In event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

Student Signature: _____ **Date:** _____

You do NOT need to have medical insurance to attend this event. However, if you do have coverage, please write the details below.

Medical Insurance Carrier: _____

Policy or Insurance Number: _____

Insurance Carrier Phone Number: _____

If there are any special medical issues your advisor should be aware of please list them here: _____

For Students under 18 years ONLY

Parent/Guardian Signature: _____ **Date:** _____