

Email your completed pdf file to program coordinator  
Amanda Breitbach, [abreitbach2@unl.edu](mailto:abreitbach2@unl.edu)

Return a paper copy of this form, along with your course deposit, to:  
**School of Art, Art History & Design**  
120 Richards Hall  
Lincoln, NE 68588-0114

# ART AT CEDAR POINT



**Summer 2017 Application**  
**Art at Cedar Point Biological Station**  
**ARTP383/896**

**Information about You**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Gender: \_\_\_\_\_  
Are you a UNL Student? \_\_\_\_\_ NUID: \_\_\_\_\_  
Year in school: \_\_\_\_\_ Major: \_\_\_\_\_  
Expected graduation date: \_\_\_\_\_ Minor: \_\_\_\_\_  
Previous art experience if any: \_\_\_\_\_  
Travel Experience: \_\_\_\_\_  
Personal goals for this field school experience: \_\_\_\_\_

**Diet and Health**

Are you a vegetarian? \_\_\_\_\_ Allergies: \_\_\_\_\_  
Are there foods you can't eat? \_\_\_\_\_  
Health concerns that CPBS personnel should be aware of: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**Travel Plans**

- I will arrange my travel to CPBS
- I want to carpool to CPBS
- I will already be at CPBS

*I certify that the information on this application is complete, accurate, and true and agree to abide by the policies and regulations of the University of Nebraska-Lincoln. I understand that the Room and Board fee is a non-refundable deposit required to guarantee my registration in ARTP383, and I understand that I must enroll for ARTP383 in MyRed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date