

**BIOL 395 Extreme Physiology Interession Course Application Form
January 2019**

Personal Data

Name: _____ GPA: _____ Royal ID: _____

Major(s): _____ Minor(s): _____ Email address(es): _____

Grade in Gen. Physiology Lecture (Biol. 245): _____ Biol. 245 Instructor: _____

If you are **currently enrolled in Biol. 245, PSIO 320 or PSIO 220**, please sign below, indicating that you permit Dr. Sweeney to speak with your instructor about your current performance in the course

Signature: _____

Projected Graduation Date: _____ Gender _____

SJLA: _____ Honors Program: _____ Business Leadership Program: _____

Local Address: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

Current Exercise Regimen / Physical Condition

Please describe in adequate detail any exercise regimen that you currently follow, including how long you have been following this regimen and how it varies throughout the year.

Are you able to ride a bicycle? Yes No

If so, what is the greatest distance you have bicycled in a single outing in the past two years? _____

Can you safely ride alongside automobile traffic? Yes No

Are you able to swim? Yes No

If so, what is the greatest distance you have swum in a single episode in the past two years? _____

Indicate the swim strokes in which you are proficient _____

Have you ever swum competitively? Yes No

Are you able to run? Yes No

If so, what is the greatest distance you have run in a single episode in the past two years? _____

Have you ever run competitively (i.e., run track or cross country)? Yes No

Are you are able to hike off-road terrain? Yes No

If so, what is the greatest distance you have hiked in a single episode in the past two years? _____

Have you ever experienced vertigo, or fear of heights? Yes No If yes, please describe.

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Please describe any physical disabilities or medical conditions that would affect your ability to carry out any of these types of exercise (bike, swim, run, hike) or adversely affect your ability to participate in strenuous exercise.

Please describe any dietary restrictions or allergies you have that may be important to know of.

Interests

What interests you most about this travel course?

Do you have any questions or concerns about the Extreme Physiology travel course?

How does this course fit into your overall educational goals?

Deposit due with Course Application

Please be aware that a **\$400 deposit is due with the submission of this application**. If, for any reason, your application for the course is not accepted, the \$400 deposit will be fully refunded (up to the October 24 refund date). **Please make checks payable to:** The University of Scranton

Course Applications are due by Thursday, October 4, with \$400 deposit.

Two signed copies of each of the **Waiver Forms**, available on the Course web site, must accompany the application. **Submit your application**, and address any questions to:

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