



# New Mexico Transfer Tour 2018 Student Application



## Title III Grant Program

The Title III Grant program under Student Services is spearheading a college tour trip this Fall 2018 semester. The college tour will target selected New Mexico four year institutions. The program objectives is to promote transfer among Diné College students. It is important that community college students visit four year institutions to help expose them to what opportunities exist beyond Diné College. Students will get a chance to learn about the programs offered at four year institutions, visit the campus and engage with staff, students and possibly faculty members.

- **The Title III Grant will cover transportation, lodging and meals for all selected students.**

## New Mexico Transfer Tour 2018

- **November 7th, 2018 Depart at 9AM – November 10th, 2018 Return at 5PM (Tsaile Campus)**
  - Institute of American Indian Arts
  - New Mexico Highlands University
  - New Mexico State University
  - University of New Mexico

## Student Eligibility Requirements

- Cumulative 2.5 GPA or above (**Cannot be on Academic Probation**)
- Spring 2018 Semester **2.5 GPA** or above
- Fall 2018 Midterm **2.5 GPA** or above
- At least a part-time student (6 credits or more)
- Must comply with the Diné College Student Code of Conduct
- Bachelor degree students are encourage to apply if interested in graduate school

**\*Students who are graduating in May 2019 will have preference**

**\*\*Your grades WILL be VERIFIED by an Academic Advisor**

## How to Apply for this opportunity

- Complete Application Form
- Submit application to the Student Success Center receptionist (for Shiprock or Tsaile students) or Diné College Center receptionists (for Chinle, Crownpoint, Tuba City, and Window Rock students) or submit application via email with signature
- For more information or questions contact:  
Jeremiah Holiday, Transfer & Career Specialist  
(928) 724-6862  
jrholiday@dinecollege.edu  
Student Success Center #109

- **DEADLINE: Monday, October 22<sup>nd</sup>, 2018 by 12pm**



# New Mexico Transfer Tour 2018 Student Application



## STUDENT APPLICATION

\*Application does not guarantee admission, please submit all documentation. Space is limited and you will be notified.

**Return your complete application to the following address:**

**Submit application to the Student Success Center receptionist (for Shiprock or Tsaile students) or Diné College Center receptionists (for Chinle, Crownpoint, Tuba City, and Window Rock students)**

or

**Submit application via email with signature to:  
jrholiday@dinecollege.edu**

### Student Information

<b>Full Legal Name</b> (as printed on your State Driver's License or ID):	
<b>Home Address</b> (City, State, ZIP Code):	
<b>Phone (home or cell):</b> (ex. (435-712-1234)	
<b>Diné College email:</b>	
<b>Student ID# (CARS)</b>	
<b>Date of Birth (month, day, year):</b>	
<b>Gender:</b> (Male, Female, Prefer not to disclose)	
<b>Tribal Affiliation:</b> (ex. Navajo)	
<b>Current Major:</b> (ex. Associates of Science – Math)	
<b>Class:</b> (Freshmen, Sophomore, Junior, Senior)	
<b>Cumulative Grade Point Average:</b>	

## Short Essay Questions

Why should you be chosen for the Transfer Tour?

What are your future academic goals?

Please list 3-5 college/universities you are interested in transferring to and explain why?



# DINÉ COLLEGE

## *Division of Student Affairs*

### Rule, Expectations & Student Code of Conduct

*\*Being selected to be a part of the College Transfer Tour Trip is a privilege. For this reason, rules and expectations are set high\**

*If accepted to participate in the New Mexico Transfer Tour, I will comply with the following (please initial next to each statement)*

Initial Here	General Rules, Expectations & Student Code of Conduct
	<i>I will attend the College Tour Orientation &amp; Preparation Meeting(s).</i>
	<i>I will continue to maintain a 2.5 GPA for the Fall 2018 semester.</i>
	<i>I will demonstrate good behavior towards my peers and staff throughout the entire College Tour Trip.</i>
	<i>I will be a positive role model and representative for Diné College while traveling off campus.</i>
	<i>I will NOT use, sell, possess or distribute any illicit drugs, alcohol or weapons while participating in the College Tour Trip.</i>
	<i>Throughout the travel dates I will show up on time at all meetings and be accountable for my responsibilities.</i>
	<i>I understand that if I violate the Student Code of Conduct and/or do not meet the requirements expected of me PRIOR to the College Tour Trip my participation will be jeopardized.</i>
	<i>I understand that I will be missing some classes during this trip and that it is my responsibility to get my assignments ahead of time, so that I do not fall behind.</i>
	<i>I will make sure to have a positive attitude, so that all students have an enjoyable learning experience.</i>
	<i>I understand that during the College Tour Trip that the Student Code of Conduct applies and that if any violations occur, consequences will follow.</i>

**By signing below you agree that all information provided is correct to the best of your knowledge. In addition, if selected to participate, you will follow all Rules and Expectations, as well as, the Diné College Student Code of Conduct.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application received by

\_\_\_\_\_  
Date application was received



# DINÉ COLLEGE

## *Division of Student Affairs*

**THIS IS LEGAL DOCUMENT, PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

### **ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**

This Agreement must be completed in order to participate in the activities associated with the PCA, course, or activity.

Participant (print full name) \_\_\_\_\_

Student ID No. \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Program/ Course Title III

Activity New Mexico Transfer Tour

Date/ Location November 7<sup>th</sup> – November 10, 2018

I, the undersigned, am either the Participant named above or the parent and/or legal guardian (“Parent/Guardian”) of the minor, under age 18, of the Participant named above, I am familiar with the curriculum and/or the activities which take place in the Program, Course or Activity (PCA).

### **TERMS AND CONDITIONS**

I will participate (or authorize the Participant) to participate in the above PCA at the Diné College (the “PCA”). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the PCA which may expose the participant to illness, injury, or death. Participant or Parent/Guardian freely and voluntarily participate or allow participation in the PCA with knowledge of the danger involved and hereby agrees to assume and accept any and all risks of illness, injury or death.

### **WAIVER, RELEASE AND INDEMNIFICATION**

Participant (or Parent/ Guardian of Participant) understands and acknowledges that the Diné College (“College”) is not an insurer of Participant’s behavior, actions or participation in the PCA. The College assumes no liability whatsoever for personal injuries or property damages to Participant’s property or to third persons arising out of participation in the PCA. Participant or Parent/ Guardian hereby agrees to release, waive, covenant not to sue, indemnify and hold harmless the College, and all of their officers, employees and agents (collectively the “Releasees”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage to any property belonging to Participant arising out of or related to participation in the above named PCA, and excepting only such loss, damage or injury as may be caused by the sole negligence of any Release.

Participant or Parent/ Guardian of Participant agree that the site of any lawsuit arising out of or related to participation in the PCA shall be the Navajo Nation and that this Agreement will be governed by and construed in accordance with the laws of the Navajo Nation, without application of any principles of choice of law.

- Participant does not have any medical conditions that would prevent participation in the PCA.
- Participant has adequate health insurance to cover the cost of treatment in the event of any injury.
- Participant shall pay any attorney fees or costs incurred by the College in enforcing this Agreement.





# DINÉ COLLEGE

*Division of Student Affairs*

## EMERGENCY TREATMENT AUTHORIZATION

I understand that Diné College Student Affairs will try to contact the Emergency Contact in this application in the case of the participant's illness or injury. In case of such illness or injury, and when in the judgement of the staff, emergency medical attention is warranted, I authorize the staff to call paramedics or ambulance to a hospital, and for the medical staff there to take whatever action is necessary to meet the emergency. I understand that I am responsible for any charge(s) incurred.

Name of Student (Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Witnessed by (Print Name) \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_



# DINÉ COLLEGE

## *Division of Student Affairs*

### **Transfer Tour**

### **Confidential Student Emergency Contact and Medical Information**

#### **Student Information**

<b>Full Legal Name</b> (as printed on your State Driver's License or ID):	
<b>Date of Birth (month, day, year):</b>	
<b>Dine College Student ID#</b>	
<b>Cell Phone #:</b> (ex. (435-712-1234))	
<b>Home Phone #:</b>	
<b>Home Address:</b> (City, State, Zip Code)	

#### **Emergency Contacts**

<b>Primary Emergency Contact:</b>	
<b>Relationship to student:</b> (ex. Mother, Father, Friend, etc.)	
<b>Home Phone #:</b> (ex. (435-712-1234))	
<b>Work Phone #:</b>	
<b>Cell Phone #:</b>	
<b>Home Address:</b> (City, State, Zip Code)	
<b>Secondary Emergency Contact:</b>	
<b>Relationship to student:</b> (ex. Mother, Father, Friend, etc.)	



<b>Home Phone #:</b> (ex. (435-712-1234))	
<b>Work Phone #:</b>	
<b>Cell Phone #:</b>	
<b>Home Address:</b> (City, State, Zip Code)	

### Medical Information

Please provide a brief medical history.

### Allergies/Special Health Consideration

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### Medical Issues

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### Medication(s)

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**Disability**

**Other**

Name of Student (Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All students are required to complete, sign and return the Confidential Student Emergency Contact and Medical Information Form before attending any Transfer Tours. This information will be deemed confidential and accessible only to authorized Diné College officials in the event of an emergency for the duration of the trip.



# DINÉ COLLEGE

*Division of Student Affairs*

## Media Release Form

For valuable consideration, I hereby irrevocably consent to and authorize Diné College the use and reproduction of any and all photographs taken of me at a time period of a campus event, travel, workshop, conference, or public gathering for the purpose of academic publication, institutional reporting, or visual data collecting, without further compensation to me.

All negatives, positives or digital capture files, together with the prints and video(s) shall constitute the property of Diné College, solely and completely.

Name of Student (Print Name) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Student \_\_\_\_\_

\*\*\*\*\*

Witnessed by (Print Name) \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_