

CENTER FOR INTERDISCIPLINARY AND SPECIAL STUDIES
Washington Semester Program Application Form
Due:

Name _____ Major _____

Mailing Address _____ Class _____

Student Number _____ Telephone _____

Proposed Agencies (or area of interest) _____

Preferred Semester in D.C. _____

Class _____ Current
Dean _____ Advisor _____
(signature) (signature)

Parent's Name/Names and Mailing Address: _____

Instructions: Submit, with your application, a detailed letter indicating your reasons for pursuing this program, its academic benefits and its relation to your long-term career objectives and your interest in undertaking a major research project. Describe prior experience and/or study in this field. Serious consideration should be given to plans for courses after your return to the College. Will you be able to fulfill requirements for your major? Your faculty advisor must approve your application.

Submit, with your application, a sample of your writing (term paper, book report, etc.) and a resume (guidelines attached).

Arrange to have two recommendations from faculty members sent to the Center for Interdisciplinary and Special Studies. Make sure that these are faculty who can comment on your academic work and character. Names of faculty to whom you have given recommendation forms:
_____ and _____

Financial Arrangements: You must pay full tuition to Holy Cross before the semester begins. If you have paid in advance for room and board that money will be returned to you. If you are on scholarship, you must discuss arrangements with the Financial Aid Office before leaving the campus.

If you have a job or are eligible for work study assistance, you may be granted some additional financial assistance through the Center for Interdisciplinary and Special Studies.

Check here if you think you will need financial aid to compensate for your job or work study allotment:

YOU WILL NEED TO SUBMIT A COPY OF YOUR TRANSCRIPT (YOU CAN PRINT AN UNOFFICIAL COPY OFF OF STAR) WITH YOUR APPLICATION _____

DC ADDRESS FORM

PLEASE RETURN THIS FORM TO THE
CENTER FOR INTERDISCIPLINARY AND SPECIAL STUDIES
AS SOON AS POSSIBLE - SMITH HALL 327

NAME

WASHINGTON ADDRESS:

TELEPHONE:

AGENCY AND ADDRESS:

AGENCY TELEPHONE:

AGENCY SUPERVISOR:

PLEASE SPECIFIC AREA OR OFFICE YOU ARE WORKING IN, eg.
PRESS, INTRA-GOVERNMENTAL AFFAIRS, CROSSFIRE, MEET THE
PRESS, JUVENILE DIVISION, ETC.

YOUR REGULAR DAY

OFF: _____

PLEASE NOTE ANY PROBLEMS OR QUESTIONS ON THE BACK

WASHINGTON SEMESTER PROGRAM

PROGRESS REPORT

DUE: _____

NAME _____

D.C. ADDRESS _____

_____ PHONE _____

INTERNSHIP SITE _____ PHONE _____

SUPERVISOR AT AGENCY _____

DESCRIBE WORK DONE AT AGENCY. BE SPECIFIC. ATTACH COPIES OF WRITTEN WORK.

DESCRIBE CONTACT WITH HOLY CROSS FACULTY SPONSOR(S). DESCRIBE CURRENT STAGE OF RESEARCH PROJECT.

ANY PROBLEMS OR QUESTIONS?

PLEASE REMEMBER THAT YOUR ORAL EXAM WILL PROBABLY INCLUDE SOME QUESTIONS ABOUT THE STRUCTURE, FUNCTION, ROLE AND EFFECTIVENESS OF YOUR AGENCY. USE THE BACK OF THIS PAGE FOR A COUPLE OF PARAGRAPHS OF COMMENT ON ONE OF THESE TOPICS.

5. a. What do you consider to be the best features of the internship?

b. What were some of the problems you encountered in your internship?
6. Were there any special qualifications such as languages or computer skills which were needed for your position?
7. Do you feel that you were adequately prepared academically for this position? If not, please explain.
8. How would you evaluate the intensity and extent of commitment to this program by the sponsoring agency and supervisor?
9. Do you feel that your agency adequately understood the terms and requirements of your internship? If not, please explain.
10. How would you evaluate the supervision provided by the Holy Cross faculty, including your sponsor, reader and the Center for Interdisciplinary and Special Studies? Was it helpful? Did it in any way create conflict with your agency work?
11. In terms of the Washington Internship Program in general:
 - a. Were the deadlines and workloads reasonable?
 - b. Did you feel that there was adequate faculty supervision by your sponsor with respect to your research project? With respect to your internship?
 - c. Were you able to communicate with your sponsor to your satisfaction? How could communication be improved?
 - d. Do you think that the combination of internship, seminar, and research project was integrated well? If not, what areas could be improved?

- e. Do you see any problems with the way your work is to be evaluated?

- f. Do you have any suggestions for improvement in the program which were not covered above? Please explain.

THANK YOU FOR FILLING OUT THIS FORM. GOOD LUCK WITH YOUR
FUTURE PLANS.

STAY IN TOUCH!

DUE:
WASHINGTON SEMESTER PROGRAM
FACULTY RECOMMENDATION FORM

Phone 508-793-2498/Fax 508-793-2601

Please Return To

CENTER FOR INTERDISCIPLINARY AND SPECIAL STUDIES – SMITH 327

NAME OF STUDENT: _____ MAJOR: _____ CLASS: _____

I WAIVE MY RIGHT TO SEE THIS RECOMMENDATION FORM

I DO NOT WAIVE MY RIGHT TO SEE THIS RECOMMENDATION FORM

STUDENT SIGNATURE _____

CHARACTERISTIC	HIGHEST		AVERAGE		LOWEST	
	Top 10%	Next 20%	Mid 40%	Next 20%	Bottom 10%	Not Observed
Scholarship: Mastery of Course Work						
Intelligence: Mental Alertness & Judgment						
Imagination & Originality						
Cooperativeness: Ability to work with others						
Reliability: Punctuality & Dependability						
Leadership						
Poise						
Industry: Diligence						
Maturity & Independence						
Ability to Express Thoughts						
By Writing:						
By speaking:						

How long, and in what connection, have you known the applicant? _____

Please indicate your overall willingness to recommend this applicant in terms of his or her ability to profit from this program:

Eager _____ Pleased _____ Willing _____ Indifferent _____ Reluctant _____

Please use the space on the back for comments about this student's abilities, interests, potential, or limitations. We are particularly interested in your assessment of this student's ability to undertake a major research project.

THIS IS A HIGHLY COMPETITIVE PROGRAM, SO THESE EVALUATIONS ARE EXTREMELY IMPORTANT IN THE SELECTION PROCESS.

Signature: _____

WASHINGTON SEMESTER PROGRAM FINANCIAL AID APPLICATION

NAME: _____

WASHINGTON ADDRESS: _____

ANTICIPATED EXPENSES FOR THE SEMESTER IN WASHINGTON:

HOUSING (RENT FOR SEMESTER): _____

FOOD (13 WEEKS): _____

TRANSPORTATION: _____

MISCELLANEOUS: _____

AT HOLY CROSS:

ROOM AND BOARD	\$4220	
BOOKS	400	
MISCELLANEOUS		700
TOTAL	5320	

UNLESS THE ESTIMATED DC TOTAL IS GREATER THAN \$5320.00, IT IS DIFFICULT TO JUSTIFY A REQUEST FOR FINANCIAL AID FROM THE CENTER FOR INTERDISCIPLINARY AND SPECIAL STUDIES UNLESS:

- A. YOU ARE ELIGIBLE FOR WORK STUDY
SEMESTER ENTITLEMENT _____
- B. YOU HAD AN OFF-CAMPUS JOB LAST
SEMESTER...SEMESTER EARNINGS _____

HOW MUCH DO YOU THINK YOU NEED BASED UPON THE ABOVE FIGURES? PLEASE BE MODEST

COMMENTS (IF ANY)

PLEASE RETURN THIS FORM TO: (BY THE DUE DATE ON YOUR DC CALENDAR)

THE CENTER FOR INTERDISCIPLINARY AND SPECIAL STUDIES
COLLEGE OF THE HOLY CROSS
ONE COLLEGE STREET
WORCESTER, MA 01610

FACULTY SPONSOR - WASHINGTON SEMESTER PROGRAM

ACADEMIC YEAR: _____

SEMESTER IN
WASHINGTON: _____

STUDENT: _____

MAJOR DEPT.: _____

PROPOSED AREA OF INTEREST: _____

PROPOSED AGENCIES: _____

- *PREFERRED FACULTY SPONSOR
(list in order of preference)
FOR POLITICAL SCIENCE MAJORS
1. _____
 2. _____
 3. _____
 4. _____

FOR ALL OTHER MAJORS.....
CONFIRMED FACULTY SPONSOR: _____

*FOR STUDENTS IN THE POLITICAL SCIENCE DEPARTMENT THE FINAL ASSIGNMENT OF A FACULTY SPONSOR WILL BE DONE BY THE WASHINGTON PROGRAM DIRECTOR IN CONSULTATION WITH THE POLITICAL SCIENCE DEPARTMENT CHAIR.