

Indiana University - Office of Underwater Science
Field Research Project Application

Project of Interest: _____ Project Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/School Phone: _____

E-mail: _____ Student ID: _____

Major: _____ School: _____

Freshman Sophomore Junior Senior Other: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____ Email: _____

DIVING HISTORY

Highest Certification Level: _____ Agency: _____ Date: _____

Number of Logged Dives: _____ Date of Last Logged Dive: _____

Number of Ocean Dives: _____ Number of Freshwater Dives: _____

Please attach a one page statement indicating why you want to join the project and list the skills you will bring as a productive participant.

STATEMENT OF UNDERSTANDING

I understand that acceptance to the project is based on adequate diving experience and available space.

Signature _____ Date: _____

FOR OFFICE USE ONLY:

Medical on file Physical on file Liability form on file Deposit

Copy of highest certification on file Copy of the last dive logged on file Full Fee