



## University of Lethbridge Archaeological Field School Dhiban, Jordan

This application form is for the University of Lethbridge's archaeological field school at Dhiban, Jordan from **June 5 – July 30, 2023**.

Nine credits will be awarded for successful completion of the field school. Students will register in one course in Summer Session I and two courses in Summer Session II: Archaeology (ARKY) 3400 - Archaeology of Jordan, Archaeology (ARKY) 3300 - Archaeological Field Work: Jordan, and Archaeology (ARKY) 3000 - Analysis of Jordanian Material Culture. These courses will be taught by Drs. Shawn Bubel and Kevin McGeough. Students may register for these courses only after they have received notification of acceptance to the field school. For information regarding fees, registration, and payment, please consult the university *Calendar* at <http://home.uleth.ca/reg/calendar/>

Please note that the following course (or its equivalent) is a prerequisite for the field school: Archaeology 1000 (Introduction to Archaeology). Students should have also completed at least one 3000-level Archaeology course. Due to the limited number of spaces available, preference for admission to the field school will be given to those majoring in archaeology and who have completed 15 university courses, but students of any major are encouraged to apply. Students must be at least 18 years of age.

Travel to Jordan will be arranged by Dr. Bubel. The estimated costs noted below are in Canadian dollars. Final costs depend on flight availability and the exchange rate of the Canadian dollar.

### **Fees (approximate as of Feb 1, 2023):**

Tuition (3 courses): \$2212.55

Room and board while in Jordan: +/- \$2650

Weekend field trips in Jordan: +/- \$600

Field trip to Israel: +/- \$750

Flight (Calgary / Amman / Tel Aviv / Calgary estimated): +/- \$1850

Spending Money (estimated): +\$300.00

An application fee of \$200.00 must be sent to the Cash Office prior to submitting the application form to Dr. Bubel. This application fee will be deducted from the field school fees. U of L students can pay for this through their student accounts. Non-U of L students may send in a cheque written out to the *University of Lethbridge* with their application package.

Grants and awards may be available, and most students qualify for Alberta student loans. In addition, all students are encouraged to participate in the fundraising activities organized to offset the field school costs.

Your application form, academic transcripts, letter of reference, essay, medical form, and application fee must be received no later than **February 28, 2023**. Early application packages are greatly appreciated!

All application forms are to be emailed to: Professor Shawn Bubel: [bubest@uleth.ca](mailto:bubest@uleth.ca)

Notification of acceptance will be no later than March 10. Flights will be booked shortly thereafter, and students must pay for their flights at the time of booking. Students must also participate in the travel safety seminar and sign the liability waiver. The remaining balance of the dig and field trip fees must be received no later than June 5, 2023.

For further information contact Dr. Bubel via email: [bubest@uleth.ca](mailto:bubest@uleth.ca) or phone: 403-329-2531.

## **Check List**

### **Items to be sent to Dr. Bubel by February 28, 2023:**

- \_\_\_\_\_ Application form
- \_\_\_\_\_ Essay
- \_\_\_\_\_ Medical form
- \_\_\_\_\_ Letter of reference
- \_\_\_\_\_ Academic Transcripts (a working copy is fine)
- \_\_\_\_\_ Application fee \$200.00 (paid at the Cash Office or E-transferred to them)

### **Items to be completed and/or submitted after acceptance:**

- \_\_\_\_\_ Purchase of plane ticket
- \_\_\_\_\_ Jordan Visa and Excavation Permit forms
- \_\_\_\_\_ 2 Passport-size photographs
- \_\_\_\_\_ Copy of your passport
- \_\_\_\_\_ Orientation session
- \_\_\_\_\_ Emergency contact form
- \_\_\_\_\_ Successful completion of the Travel and Risk and Safety modules
- \_\_\_\_\_ The University of Lethbridge waiver of liability
- \_\_\_\_\_ Registration in Archaeology 3000, 3300, and 3400 (SS I and II)
- \_\_\_\_\_ Payment of tuition and remaining portion of dig and field trip fees (June 5)



# University of Lethbridge Archaeological Field School Dhiban, Jordan

Name (last name first): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone number with area code: \_\_\_\_\_

Above address effective through what date? \_\_\_\_\_

Address after end of school year (if different than above): \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Passport No.: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Passport Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

**Note: Passport must be valid until at least Dec. 31, 2023.**

Marital status: \_\_\_\_\_

Occupation or field of study (major): \_\_\_\_\_

Post-Secondary Education:

Name of School	Dates attended	Program of Study	Degree/Diploma Received

Fellowships or scholarships previously or currently held:

Name of Scholarship	Date Received

Occupational experience (give names and addresses of last three employers):

Names of Employer/Company	Position	Dates of Employment

Academic or professional honors, publications, etc.:

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Avocations (hobbies, sports, special interests) and extra-curricular activities (membership in student organizations and academic societies):

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Foreign experience (give countries and reasons - study, travel, armed forces, government, etc.)

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## Archaeological Experience

Briefly describe past experiences in archaeological excavations, if any. Give the names of the principal investigators and the dates of participation.

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List the academic courses you have taken in archaeology and the dates.

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List the non-academic courses you have taken in archaeology and the dates.

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Have you studied, either in academic courses or on your own, any of the following?  
Please check where appropriate.

GIS	<input type="checkbox"/>	Geography	<input type="checkbox"/>
Physical Anthropology	<input type="checkbox"/>	Zooarchaeology	<input type="checkbox"/>
Ancient Technology	<input type="checkbox"/>	Geology	<input type="checkbox"/>
Architecture	<input type="checkbox"/>	Botany	<input type="checkbox"/>
Art History	<input type="checkbox"/>	Ceramics	<input type="checkbox"/>
Religious Studies	<input type="checkbox"/>	History	<input type="checkbox"/>

## Archaeological Skills

Have you ever done heavy manual labor (farming, construction, etc.)? Please specify.

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Do you have any skills or hobbies that require special manual dexterity (model building, sculpture, painting, ceramics, cabinet making, playing a musical instrument, etc.)? Please specify.

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Do you have special skills or work experience in any of the following areas? Please check where appropriate.

### Excavating:

Have you handled any of the following excavation tools?

Measuring tape	<input type="checkbox"/>	Sledge hammer	<input type="checkbox"/>	Plumb bob	<input type="checkbox"/>
Large pick-axe	<input type="checkbox"/>	Hoe	<input type="checkbox"/>	Hand pick	<input type="checkbox"/>
Line level	<input type="checkbox"/>	Trowel	<input type="checkbox"/>	Wheelbarrow	<input type="checkbox"/>
Large sieve	<input type="checkbox"/>	Shovel	<input type="checkbox"/>		<input type="checkbox"/>

### Surveying:

Transit or Total Station	<input type="checkbox"/>	Compass	<input type="checkbox"/>	GPS	<input type="checkbox"/>
Worked on surveying team					<input type="checkbox"/>

### Conservation of Antiquities:

Have worked at cleaning coins or metal	<input type="checkbox"/>	Restoring broken pottery	<input type="checkbox"/>
Preserving bones or ivory	<input type="checkbox"/>	Other (list)	<input type="checkbox"/>

### Computing:

GIS	<input type="checkbox"/>	Access	<input type="checkbox"/>	Excel	<input type="checkbox"/>	Other:	<input type="checkbox"/>
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**Carpentry and Construction:**

What basic tools have you used?

Hammer		Saw		Other:	
Have you ever repaired handles on tools?					
Have you ever worked with cement?					
Have you worked with electrical tools or equipment?					

**Cartography:**

Free hand drawing		Drawing to scale		Drafting	
Mechanical drawing		Layout		Inking	
Other(list)					

**Photography:**

Have taken pictures professionally					
Semi-professionally			Years of experience:		

**Administrative Skills:**

Typing		Filing	
Bookkeeping		Other:	

**Machinery Operation and Maintenance:**

Have you worked with generators					
Diesel engines			Motor vehicles		
What kind of motor vehicles can you drive?					
Driver's License #					
Date of expiration					

**Language Skills:****Do you speak:**

Arabic		Hebrew		French		Other:	
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Do you have any other skills or abilities that you think might be useful in archaeological work that have not been mentioned? Please specify.

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**\*Personal Essay:**

In a short essay format, describe why you want to participate in the excavations at Dhiban, Jordan this summer. Comment on your academic and personal preparation for the project, and discuss your ability to work hard, excel in a team environment, and be respectful of local customs. Please include details of your personal history, special interests, future plans, etc. You may also include any other information not asked for in the application that you feel may strengthen your application package.

Your essay should be 2-3 pages (double spaced). Submit it with your application form.

**\*Academic Transcript(s):**

Submit your transcript(s) with your application package. U of L students may submit a working copy of their transcripts, which are downloadable through the Bridge. If you transferred from another post-secondary institution, included this transcript as well.

**\*Reference:**

Give the letter of reference form to the person you selected to complete it. Write the name and email address of the person who is writing a letter of reference for you in the space below. This person should be able to discuss your suitability to the field school, specifically your ability to work as part of a team, perform the physical tasks of excavating, succeed in an international setting, and your commitment to your studies.

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**Person to be Notified in Case of Emergency while Abroad:**

Name:	Relationship:
Address:	
Telephone # with area code:	
Email:	

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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**University of Lethbridge  
Archaeological Field School  
Dhiban, Jordan**

**MEDICAL HISTORY**

***PURPOSE OF THE MEDICAL HISTORY FORM***

This form serves to protect you and the Dhiban Project by alerting those who may not be medically fit for strenuous work and difficult living conditions to reconsider applying. Many people are unaware of how ailments, which are minor in an urban environment, may become significant problems in an isolated and stressful location. Therefore, we ask you, for your own protection, as well as for our assessment, to be completely candid in filling out this form and not to leave out pertinent information, even if you think it may jeopardize your acceptance.

At other archaeological excavations, volunteers have had recurrences of chronic ailments and/or slight physical problems, which affected their participation in the field school. As a result, special medical attention of an emergency nature was required and resulted in leave from the excavation site. We are forced to disclaim responsibility under these conditions.

**WE THEREFORE SOLICIT YOUR FULL COOPERATION IN FILLING OUT THE MEDICAL HISTORY FORM.**

Name (Last Name First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Medical/Accident Insurer: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address of Insurance Co.: \_\_\_\_\_

**Note:** Many of you likely have the ULSU medical coverage. If so, you may write "ULSU Coverage" on the third line (Name of Medical Insurer) and leave the rest blank.

**Please Answer All Questions:**

Have you had skin irritations or infections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medication for a skin condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you tan greatly from sun exposure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you allergic to sun block?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had eye infections, glaucoma, or eye surgical procedures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you use eye drops or any eye medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had ear infections or loss of hearing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had nasal or sinus infections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had nosebleeds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had your tonsils removed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you suffer from strep throat or other throat infections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have diabetes or thyroid disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had a goiter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had lung infections such as bronchitis, pneumonia, pleurisy or tuberculosis?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had lung conditions such as asthma, collapsed lung, or emphysema?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you get short of breath when doing daily activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you get frequent colds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wake up short of breath at night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you smoke cigars or cigarettes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a heart murmur or high blood pressure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an irregular heart rhythm now or had one in the past?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had rheumatic heart disease or a heart attack?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for heart or blood pressure or high cholesterol?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Have you had colitis or bowel spasms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had your appendix removed or other abdominal surgery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had hiatal hernia, ulcers, hepatitis, or gall-bladder illness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take any medications for your intestinal tract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Have you had kidney or bladder infections or kidney stones?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any kidney disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for your bladder or kidney?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				

Have you had radiation or chemotherapy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had anemia (low blood count)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for anemia of any type?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Do you suffer severe menstrual cramps?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you miss time from work or school because of your menstrual period?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for hormonal regularity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Have you had any gynecologic surgery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you suffered back injuries, head injuries, or sustained any fractures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had fainting spells or unconsciousness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had seizures or epilepsy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications to prevent seizures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Do you take medications for migraines, headaches, or seizures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Do you experience nervousness or have or emotional troubles?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for emotional stability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Have you experienced weight loss or gain greater than TEN pounds in the past year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any food intolerances or allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, list them:				
<p>If you answered yes to any of the questions above, give details as to date, severity, and any current problems or treatment.</p>				

If you have consulted a physician for any reason in the past 18 months (even for colds, flu, etc.), please give dates, reason, and result.

If you have ever been hospitalized for a major physical or mental illness, surgery or injury, please give year, reason, and result.

Do you now or have you ever had any allergies or any allergic reactions to drugs, injections, or insect bites?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Give details:				

Are you now taking (or have you taken within the last year) any medication or medical treatments, physiotherapy, etc.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Give details:				

Have you ever been in the past year or are you currently restricted by a physician in any physical activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Give details:				

Have you been in recent contact with any serious infectious diseases (tuberculosis, hepatitis, etc.), not including COVID-19?	Yes		No	
If yes, give details and dates:				

Do you wear glasses?	Yes		No	
If so, will you need to wear them while excavating?	Yes		No	
Do you wear contact lenses?	Yes		No	
If yes, will you wear contact lenses while excavating?	Yes		No	
Are you colour blind?	Yes		No	

## COVID-19

COVID-19 remains a serious concern. Though there are no COVID-19 restrictions currently in place in Alberta or Jordan, we must do our best to limit our exposure to the virus. Due to the fluctuating circumstances surrounding COVID-19, these restrictions may be altered by government agencies, therefore, students must accept and adapt to changing restrictions.

Please answer the following question regarding your previous exposure to COVID-19 and your vaccinations against it.

Have you tested positive for COVID-19?	Yes		No	
If yes, when:				
Have you received vaccine shots for COVID-19?	Yes		No	
If yes, give your vaccine date(s) including third or fourth dose dates.				

## IMMUNIZATION STATUS

The only immunization required for the field school is a tetanus booster shot, which lasts for ten years. Many of you will have received this booster in Grade 9. Indicate date you received it.

Tetanus Booster Date Received \_\_\_\_\_

University of  
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**University of Lethbridge  
Archaeological Field School  
Dhiban, Jordan**

**REFERENCE FORM**

\_\_\_\_\_ is applying for acceptance to the Dhiban archaeological field school. This is a five-week project that takes place in Jordan during the summer months. The project involves manual labor and academic work at the university level, as well as living in a different country. We are, therefore, interested not only in the applicant's intellectual ability and curiosity, but also in their attitude toward hard work, adaptability to new situations, their ability to cooperate with and empathy for others, thrive in a group setting, and their maturity. Please mention weaknesses as well as strong points. Your reference will be kept in strictest confidence.

Please include the following information:

Your name, title or position

How long you have known the applicant and in what capacity/relationship

Please email this completed reference form or a word document with this information to:  
Dr. Shawn Bubel: [bubest@uleth.ca](mailto:bubest@uleth.ca) by **February 28, 2023**.