



*Office of Special Academic Programs*  
*Student Profile Form*

**Student Information**

Name: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year of Fellowship: \_\_\_\_\_ Expected Graduate Date: \_\_\_\_\_

Research Interest: \_\_\_\_\_

Advisor: \_\_\_\_\_ Department: \_\_\_\_\_

Tell Us Something Interesting About Yourself:

Research Overview:

Study Abroad Experience:

Special Interest or Extra Curricular Activities and Accomplishments:

Future Goals:

**Contact Information**

Email Address: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

**Photograph consent:**

I grant all necessary rights to allow Bowdoin's Office of Special Academic Programs to take and publish photographs with or without my name for advertisements, publications, publicity, OSAP website, or displays. I understand that these photographs can be used in newspapers, magazines, television, the internet, or other publications or displays.

Please sign below to indicate your consent:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date