

University of Washington's VISIONS'26 Expedition Application

GENERAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

NICK NAME (PREFERRED TO BE CALLED) _____

SEX* MALE FEMALE On Government ID * required for ship roster NATIONALITY _____

PREFERENCE FOR SHARING 2-PERSON CABIN _____

EMAIL _____ PHONE # () _____

ADDRESS _____

HOW DID YOU HEAR ABOUT THE VISIONS'25 EXPEDITION?

HAVE YOU APPLIED FOR A VISIONS EXPEDITION IN THE PAST? YES NO YEAR?

Academic Information

ESTIMATED YEAR OF GRADUATION _____ MAJOR _____

Essay

PLEASE ANSWER THE FOLLOWING QUESTIONS IN A TYPED 1-2 PAGE ESSAY Include your last name on the file name:

- WHY HAVE YOU CHOSEN TO APPLY TO PARTICIPATE ON THE VISIONS'26 EXPEDITION?
- WHAT DO YOU EXPECT TO GAIN FROM YOUR EXPERIENCE AND HOW WILL THIS EXPERIENCE COMPLIMENT YOUR EDUCATION?
- DO YOU HAVE EXPERIENCE ON AN OCEANOGRAPHIC RESEARCH VESSEL (Not required) ? IF YES, BRIEFLY DESCRIBE THE EXPERIENCES.
- ANY ADDITIONAL INFORMATION/COMMENTS THAT YOU WOULD LIKE US TO KNOW.

Send completed applications to Debbie Kelley (dskelley@uw.edu) or bring in person to UW Ocean Teaching Building office #261

APPLICATIONS DUE April 15, 2026

**All information is confidential
See interactiveoceans.washington.edu for past expeditions**