

Application for 2006 Summer Programs

PERSONAL INFORMATION

Name: _____

Current Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

Email Address: _____

Permanent Address: _____

City _____ State _____ Zip _____

Telephone Number: _____

Email Address: _____

Home Institution: _____

Year in School: (circle one) Freshman Sophomore Junior Senior

Major (if declared): _____ Minor (if declared): _____

Approximate GPA: _____

Academic Advisor: _____

Contact Info _____

Gender: (circle one) Male Female

Date of Birth: _____ (mm/dd/yyyy)

Place of Birth: _____

Are you a U.S. citizen? (circle one) Yes No

Emergency Contact: _____

Two References [Name/Relationship/Telephone Number/Email]:

1. _____

2. _____

Consortium program to which you are applying: _____

Valid Passport: Yes No Expiration Date:

Prior Travel [Country/Year]:

Consortium Program/Course:

Reason for Selecting Program/Course:

How did you learn about the Consortium?

How interested are you in the Program/Course:

I'm definite:

I'm interested but not definite:

I'm interested in learning more:

Deposit on all Consortium Programs is \$250 non-refundable (applied to tuition and fees).

I hereby certify that all of the above information is correct.

Signature: _____

Date: _____

Application Process and Consortium Procedures

Application Process: Criteria for acceptance on any Consortium program is a minimum GPA of 2.5.

Transfer of Academic Credit/Records:

Health and Insurance Information:

Program Fee Coverage:

Payment Procedures:

Refund Policy:

Passport and Visa Requirements: