Institute for Irish-American Studies
Institiúid an Léinn Ghael-Mheiriceánaigh

Winter Irish Language Program at the National University of Ireland, Galway
(An Cheathrú Rua)

1. January 6-20, 2007

_____

2. Last Name **First Name** **Middle Name** **Social Security #**

3. Date of Birth
___/___/_____ M F
Mo. Day Year City/State/Country of Birth Current Citizenship Sex (Circle one)

4. Current Mailing Address (Current until ___/___/___)

_____
Number and Street Box/Apt #

_____
City State/County Zip Code Country

_(____)_____@_____
Telephone Number E-mail Address

5. Permanent Mailing Address (if different from above)

_____
Number and Street Box/Apt #

_____
City State/County Zip Code Country

_(____)_____@_____
Telephone Number E-mail Address

6. Emergency Contact Information

_____
Last Name First Name Relationship

_____
Number and Street Box/Apt #

_____
City State/County Zip Code Country

_(____)_____@_____
Telephone Number E-mail Address

7. Colleges or Universities Attended Dates Semester/Quarter

Name	From	To	Major	GPA	Credits (circle one)

LEHMAN COLLEGE • CITY UNIVERSITY OF NEW YORK
188 Carman Hall, 250 Bedford Park Boulevard West, Bronx, N.Y. 10468-1589
Phone: (718) 960-6722 | E-mail: cunyiias@lehman.cuny.edu | Web: http://www.lehman.edu/cunyiias

8. High School you graduated or will graduate from: _____ _____
Name City

Dates Attended: From _____ To _____

9. Academic Advisor's Name: _____ Telelphone Number (____)_____

10. Your Current Academic Status:
College: Freshman _____ Junior _____ College Graduate _____ Other _____
Sophomore _____ Senior _____ Graduate Student _____

11. Languages courses you will have taken prior to the beginning of the program that would be of value in preparing you for overseas study.

Title	Terms or Credits	Grades	H.S. or College

12. Applicant's Statement of Purpose: On a separate sheet, write a concise statement of your proposed program of study and how it will be related to your present academic program or profession. Also describe the personal benefits you expect to receive from the program and how you will incorporate this program into your future goals. Include any additional information that may be useful in evaluating your candidacy, including study, travel, or residence in other countries. If you are teaching, please include the school where you teach and your area of specialization. This statement is required of all applicants and must be submitted with the application.

13. How did you first hear about the overseas program?
_____
_____

14. Will you be applying for federal or state financial assistance? _____ . If yes, briefly describe: _____
_____

I, the undersigned, acknowledge that I have read this Study Abroad Application and that all statements are correct to the best of my knowledge. In addition, I, the applicant, authorize the release of my transcript(s) and recommendations to the academic institutions involved in the program for which I have applied.

Applicant's Signature _____ Date: _____

Parent or guardian's signature (required if the applicant is under 18)

_____ Date: _____

☐ Check here if you do not wish to have your name and address released to other program participants.

Additional information (optional - for statistical purposes)
Which category best describes you?
Black, non-Hispanic _____ White, non-Hispanic _____ Hispanic _____ Asian or Pacific Islander _____
American Indian or Native Alaskan _____ Other _____ Please specify _____