

ONLY TYPED APPLICATIONS WILL BE CONSIDERED

Application for KIIS Program in: Athens/Rome Bregenz, Austria Bregenz-Environmental Salzburg, Austria Brazil China Costa Rica Denmark Ecuador Egypt France Germany Italy Japan Mexico Puerto Rico Spain Spain for Teachers

Last Name _____ First Name _____ Middle Name _____
(as it appears on your passport)

Present mailing address _____

Present telephone number _____ E-mail _____

Permanent mailing address _____

Permanent telephone number _____ Date of birth _____ Citizenship _____

Male Female Social Security number _____

Do you have a valid passport? Yes No (Note: A passport is required for travel to all countries except Mexico and Puerto Rico.)

Present college or university _____

Present Class: FR SO JR SR GR Major/Minor _____

Cumulative grade point average on 4.0 scale _____ **Transcripts must be mailed directly from the registrar's office to the KIIS office.**
Please request official transcripts from all colleges or universities attended. Unofficial or "student copy" not accepted. It is recommended that transcripts be requested at least two weeks prior to the application deadline.

Emergency contact: Name _____

Address _____

Telephone _____

I am applying as a(n): Undergraduate Graduate Not currently enrolled

Background, if any, in languages _____

List language courses in which you are currently enrolled _____

Please list courses you are interested in taking, in order of your preference. (This list is not final; official registration will take place in early April.)
1. _____
2. _____
3. _____
4. _____

If accepted for participation into the program, do you wish to travel on the group flight/itinerary or make your own flight arrangements? Group _____ Independent _____ (Note: The choice you make on this application will be binding upon acceptance. If you choose to make your own arrangements, call the KIIS office for the amount of flight credit allowed.)

Special requests regarding accommodations (roommates, smoking, special diet, morning person, night person, etc.) _____

Are you a smoker? Yes No

Please list any medical conditions and explain in detail, using a separate sheet if necessary. Failure to disclose any and all medical conditions may result in removal from the program. Doctor's letter releasing you to participate may be requested.

Name of person writing letter of recommendation _____

From whom did you learn of this program? _____

We would encourage you to discuss the particulars of this program with your emergency contact. May we send duplicate materials relating to this program to your emergency contact if you are accepted? Yes No

COMPLETE REVERSE SIDE

Please write an essay indicating why you would like to study in the program for which you are applying.

Note: Failure to provide requested information will cause this application not to be considered.

I have correctly completed all information

(Signature)

(Signature, campus representative, for applicants from KIIS consortium-member schools only. See General Information-Applications-in brochure.)

Please return this form with a check for the appropriate amount (see General Information in brochure) made payable to *Murray State University* to:

DR. J. MILTON GRIMES, EXECUTIVE DIRECTOR
KENTUCKY INSTITUTE FOR INTERNATIONAL STUDIES
MURRAY STATE UNIVERSITY
PO BOX 9
MURRAY KY 42071-0009

