

PLEASE BE AWARE THAT YOUR APPLICATION TO A KIIS PROGRAM WILL NOT BE CONSIDERED UNTIL THE APPLICATION PACKET IS COMPLETE

2005

APPLICATION FOR KIIS PROGRAM IN:

- |   |  |                                     |                                     |                                  |                                  |
|---|--|-------------------------------------|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Brazil         | <input type="checkbox"/> Cameroon          | <input type="checkbox"/> China      | <input type="checkbox"/> Costa Rica | <input type="checkbox"/> Denmark | <input type="checkbox"/> Ecuador |
| <input type="checkbox"/> France         | <input type="checkbox"/> Germany I         | <input type="checkbox"/> Germany II | <input type="checkbox"/> Italy      | <input type="checkbox"/> Japan   | <input type="checkbox"/> Mexico  |
| <input type="checkbox"/> Mexico Pre-Pro | <input type="checkbox"/> Salzburg, Austria | <input type="checkbox"/> Spain I    | <input type="checkbox"/> Spain II   | <input type="checkbox"/> Turkey  |                                  |

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Athens/Rome | <input type="checkbox"/> Bregenz, Austria | <input type="checkbox"/> Bregenz Environmental |
|--------------------------------------|---|--|

Fee	<input type="checkbox"/>
Air	<input type="checkbox"/>
Esy	<input type="checkbox"/>
Let	<input type="checkbox"/>
Pass	<input type="checkbox"/>
Tran	<input type="checkbox"/>
Pic	<input type="checkbox"/>
Acc	<input type="checkbox"/>
Ledg	<input type="checkbox"/>
Saps	<input type="checkbox"/>

Last Name \_\_\_\_\_ (as it will appear on your passport)      First Name \_\_\_\_\_      Middle Name \_\_\_\_\_

Do you have a valid passport?  Yes  No      Maiden/Other Name \_\_\_\_\_       Male  Female  
 (Note: A passport is required for travel to all countries except Mexico.)

Date of birth \_\_\_\_\_ (mm/dd/yyyy)      Age \_\_\_\_\_      Citizenship \_\_\_\_\_ (specify country)      SSN# \_\_\_\_\_

Present address \_\_\_\_\_ (city, state, zip)      Permanent address \_\_\_\_\_ (city, state, zip)

Present telephone number (\_\_\_\_\_) \_\_\_\_\_      Permanent telephone (\_\_\_\_\_) \_\_\_\_\_

Cell phone number (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_      Cell phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

We encourage you to discuss the particulars of this program with your emergency contact. Materials relating to this program can be obtained on the web for your emergency contact if you are accepted.

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. **Transcripts issued to students will not be accepted.** It is recommended that you request your transcripts at least two weeks prior to the application deadline.

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 preference. **Final course selection will take place on MSU registration form in April**

1. \_\_\_\_\_      2. \_\_\_\_\_      3. \_\_\_\_\_      4. \_\_\_\_\_

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

(Host families will attempt to accommodate special diets and smoking preferences, but KIIS cannot guarantee that all requests can or will be met.)

**Medical Information** \_\_\_\_\_

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. A doctor's letter releasing you to participate may be requested.

**Orientation** I agree to attend the mandatory student orientation at the University of Kentucky in Lexington, KY on Saturday, April 16, 2005.  
 **Yes**     **No**    If you do not attend the mandatory student orientation, a \$100 fee will be added to your KIIS account to cover expenses for the program director to orient you.

**Recommendation**  
Name of person writing letter of recommendation: \_\_\_\_\_  
From whom did you learn of this program? \_\_\_\_\_

**Essay**  
Please attach your typed essay on a separate sheet of paper indicating why you would like to study in the program for which you are applying.

**Scholarships** Scholarships are available through the KIIS office to students who are presently attending schools that are full members of the KIIS consortium with a cumulative 3.0 GPA. You may obtain further details and the application form on the KIIS web site <http://www.kiis.org>.

**Passport** Please attach a copy of your passport or a copy of your completed application for a passport. For information and application form please visit the web site <http://travel.state.gov>.

**Students are personally responsible for submitting their application by the February 15, 2005 application deadline.**

It is the student's responsibility to follow-up with the KIIS office to see if all elements of the application packet have been received.

You will receive e-mail updates as to the status of your application.

[ Please refer to the checklist on the web site or the brochure for the complete list of application elements. ]

I have correctly completed **all** information.

\_\_\_\_\_  
(Student signature)

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

Please return this application with a completed credit card form or a cashier's check or money order for the appropriate amount (see General Information in brochure) made payable to *Murray State University* to:

KENTUCKY INSTITUTE FOR INTERNATIONAL STUDIES  
MURRAY STATE UNIVERSITY  
PO BOX 9  
MURRAY KY 42071-0009

**NOTE: NO PERSONAL CHECKS or DEBIT CARDS WILL BE ACCEPTED**

Note: Failure to provide requested information will delay consideration of this application.