

Office of Professional Practice Global Living Assistance Application

(Please type or print legibly)

Program of Choice: _____ Location: _____ City: _____

Program Begin Date: _____ End Date: _____

PERSONAL DATA

1. Name: _____
Last First MI

2. Date of Birth: _____ 3. Gender: Male Female 4. PUID# _____

5. Tuition Status: In-State Out-of-State 6. Country of Citizenship _____

7. Current Local Address & Phone:

Street Address City, State, Zip Local Phone (& extension)

8. E-mail Address: _____

9. Permanent Home Address & Phone:

Street Address City, State, Zip Home Phone with Area Code

10. Emergency Contact (name, relationship, phone): _____

We will call your primary support person first in case of emergency. Please list an alternate contact, in case your primary person is not available.

11. Ethnic Information

(for statistical purposes only; response is optional)

White, non-Hispanic
Hispanic
Mixed Race

Asian or Pacific Islander
Native American or Alaskan Native
Black/African-American
Other

ACADEMIC DATA

12. Campus now attending: _____ (Example: W. Lafayette, Calumet, etc.)

13. School: _____ (Example: ChE, ECE, ME, etc.)

14. Major(s): _____ 15. Minor(s): _____

16. Current Standing (please circle): Fresh: 1 or 2 Soph: 3 or 4 Junior: 5 or 6 Senior: 7 or 8 Grad

17. GPA (cumulative): _____ 18. Anticipated date of graduation: _____

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INTERNSHIP DATA

19. Internship Description: Please attach a one-page including [a] type of internship (research/industrial), [b] activities planned, [c] timetable, [d] contact person/supervisor in host country, [e] financial arrangements

This information is used by reviewer(s) to determine your needs/merits for travel assistance.

20. Credit (Must be approved by academic advisor)

Will the student be enrolled for and earning Purdue credit during the internship?

Yes No If yes, list course number and title: _____

Approval Signature: _____ Print Name: _____ School: _____

21. Extra-Curricular Involvement Description: Please describe on a separate page your current and future participation in extra-curricular activities including activities with a global element.

22. Financial Need: Please describe on a separate page [a] the anticipated cost of living of the country you are traveling to, [b] financial support from independent sources, [c] compensation/salary amount from your global internship employer, [d] any obstacles you have to overcome in life and how the global experience can help you.

STUDENT CERTIFICATION/SIGNATURE

I certify that the preceding statements are true and accurate to the best of my knowledge. I hereby give my approval to have the information in my University records, including my transcript data and any information in the Dean of Students Office, made available to the Selection Committee, scholarship committees, and to cooperating institutions.

Signature (Do not print)

Date

COMPLETE APPLICATION INCLUDES:

- (1) Application Form
- (2) Resume
- (3) Internship Description

Submit as ONE package to Office of Professional Practice

Office of Professional Practice
POTR Room 114
West Lafayette, IN 47907-2022
(765) 494-7430