North Central College Global Perspectives Program APPLICATION

(Please return completed application form to the Office of International Programs.)

(1) Personal Information (Name as it appears in your passport) Name: Mr. /Mrs. /Ms. (First) (Middle) (Last) Date of Birth: Passport Number: Campus Mailbox Number (Required for on-campus students): _____ NCC ID #:____ Your Current Mailing Address: _____ (valid until ____/___) (Street) (City) (State) (Zip) Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____ E-mail: @noctrl.edu Permanent Mailing Address: ______(Street) (City) (State) (Zip Code) Parents' email address: Parent to notify in case of emergency: (relationship) (City) (State) (Zip Code) Home Phone: (____) _____ Work Phone: (____) ____ Cell Phone: (____) (2) Academic Information Your major(s): _____ Your minor(s):_____ Academic Advisor's Name ______ Department _____ Your GPA: _____ Anticipated date of graduation: (cumulative) (month & year)

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(3) Statement of Purpose

Briefly explain why you would like to participate in the Global Perspectives Program:		
(4) Real-ground Information		
(4) <u>Background Information</u> Please consult the requirement list for the G	lobal Perspectives Program, and t	ill in the work that you
have already completed:	ioom Terspectives Trogram, and J	in in the world man you
a) Courses taken:		
b) Foreign language study in number of terms comp	pleted	
c) Study abroad program	dates:	
d) Internship	(where)	(when)
e) Campus programming:		
(5) <u>Certification</u>		
I hereby certify that to the best of my knowledge, the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal.		
Student Signature:	Dat	e:

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