

INTERNATIONAL SCHOLARS PROGRAM

Application for International Scholars Program

Name: _____ Student ID: _____

Email: _____

Current Address: _____

_____ Current Phone: _____

Permanent Address: _____

_____ Home Phone: _____

Graduation Year: _____ Overall GPA: _____

Major: _____ Minor: _____

Letter of recommendation from: _____

Language Skills:

Will you be participating in a study abroad program during your Sophomore year? _____

If so, when and where? _____

Study Abroad Experience: _____

*Kellogg Faculty Member with whom you would like to work: _____

(Please note that this field is optional. Students who have identified a faculty member with whom they would like to work will be given priority.)

Signature: _____ Date: _____

FOR OFFICE USE ONLY (Please do not write in the space below.) _____

Transcript _____

Resume _____

Essay _____

Recommendation _____