



Hostos Community College



of The City University of New York

Hostos Division of Institutional Advancement,
Office of the Associate Dean for Community Relations
Hostos Division of Continuing Education & Workforce Development

PROFESSIONAL DEVELOPMENT PROGRAM APPLICATION – SUMMER 2016

Name _____ Home Tel. _____ SS# _____

Address _____

Gender: Male ___ Female ___ Date of Birth _____ Country of Birth _____

E-Mail _____ Job tel. _____ Cellular _____

Residency: In State ___ Out of State ___

EMERGENCY CONTACT PERSON

Name _____ Address _____

Phone _____ City _____ State _____ Zip Code _____ E-mail _____

PASSPORT INFORMATION:

Do you have a valid passport? ___ (If not, apply for a passport immediately)

If yes, from which country, and what number is it? _____

Are you a US citizen ____, or permanent resident ____: Please give alien residence number: _____

Graduate students: please indicate type of degree received and date: _____

Major: _____ Job title: _____

Are you a Public School teacher? If so, please write down the name of your school & address

UNDERGRADUATE AND GRADUATE STUDENTS:

CUNY/SUNY College/University: _____ Major: _____

Matriculate ___ Non-Matric ___ G.P.A. _____ Do you receive financial aid? _____

Check all that apply: Tap ___ Pell ___ SEOG ___ CWS ___ Loans ___

Do you need a special diet ___ Allergies? _____

If yes, please explain

Do you have a medical condition, or disability which requires special attention? Please Specify:

What is your Spanish language background?

Will you need housing arrangements? If not, give address and phone number where you will be staying.

Are you on any type of probation, if yes please specify

In a one page personal statement give your reasons for participating in this study abroad program and your goals as well as your expectations for the program. Please indicate any aspects of the History/Culture in which you are particularly interested, i.e., history, health, politics, Arts, language, educational system, etc. Be sure to relate your educational, career and/or personal goals to your plan of study.

I, the undersigned acknowledge that I have read this application and that all statements are correct to the best of my knowledge.

Applicant's signature

Date

Application: The application should be completed and mailed with a \$100.00* money order for the application fee, **payable to: CUNY in the Heights**

Mail to:

**CUNY in the Heights- Hostos Community College
5030 Broadway, Ground Floor
New York, NY 10034
Attention: Natalie Espino, Professional Development Program**

Contacts:

Natalie Espino, 212-567-7132, nespino@hostos.cuny.edu
Ana I. Garcia Reyes, agreyes@hostos.cuny.edu

***NOTE: 50% (\$50.00) of application fee is non-refundable**

PLEASE NOTE THAT THE PROGRAM APPLICATION DEADLINE IS MARCH 25th, 2016