



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

PERSONAL INFORMATION:

Name _____ Male ____ Female ____ Other ____

Social Security Number: _____ Date of Birth _____

Address _____

Primary E-Mail: _____ Secondary E-mail: _____

Primary Phone: _____ Secondary Phone: _____

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)

Issuing country: _____ Passport number: _____

US citizen: Yes/No Permanent Resident Yes/No Resident Alien Number: _____

ACCOMMODATIONS:

Do you have any dietary restrictions? _____

Do you have a medical condition, or disability which requires special accommodations? Please explain:

The Program Fee includes a double occupancy room. You may request a private room, but you will be responsible for the difference in cost. Please contact the Program Coordinator to arrange this accommodation.

EDUCATION AND EMPLOYMENT

Employment Status: Full Time _____ Part Time _____ Other: _____

Employer: _____ Job Title: _____

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

List all Post-secondary education, dates and degrees:

School	Major	Degree	Date

OTHER:

Note that several legal conditions restrict an individual from participation in international programs. These include, but are not limited to, criminal probation, outstanding warrants, unanswered court summons, or inclusion on the DHS no-fly list. If any of these circumstances might apply to you, please submit a statement of explanation.

PERSONAL ESSAY:

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

Mail Application with \$100.00 non-refundable deposit to:

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

Contacts:

Program Coordinator: Natalie Espino, 212-567-7132, nespino@hostos.cuny.edu

Associate Dean for Community Relations: Ana I. Garcia Reyes, agreyes@hostos.cuny.edu

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