

JOHN C. WHITEHEAD SCHOOL OF DIPLOMACY  
AND INTERNATIONAL RELATIONS

**Application for UN Intensive Summer Study Program 2010**

Monday, July 26 - Friday, July 30, 2010

**GENERAL INFORMATION (Please Print or Type)**

Name: \_\_\_\_\_  
*Last First Middle*

Gender:  F  M Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_\_  
*Month Day Year*

Current Address: \_\_\_\_\_  
*Street City State/Zip/Country*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Dates at this address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street City State/Zip/Country*

Permanent Phone: \_\_\_\_\_ Dates at this address: \_\_\_\_\_

**In Case of an Emergency, Please Notify:**

Name: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**VISA INFORMATION (for International Applicants Only)**

Country of Citizenship: \_\_\_\_\_

Type of Visa Currently Held: \_\_\_\_\_

**ACADEMIC INFORMATION**

Please give the name, location, dates of attendance, degree program, and major field of study for each college or university attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



JOHN C. WHITEHEAD SCHOOL OF DIPLOMACY  
AND INTERNATIONAL RELATIONS

**UN Intensive Summer Study Program 2010  
Recommendation Form**

Applicant \_\_\_\_\_ SS# \_\_\_\_\_  
*Last First*

Recommendations from those familiar with your academic and professional qualifications are preferred.  
Recommendations from personal friends and family members are *not* acceptable.

**To the applicant:**

Complete the top portion of this form and give it to the person making the recommendation. Upon completion, he or she should return the form directly to you in a signed and sealed envelope. Please include it with your application packet.

**Right to Access:**

This letter of recommendation is confidential. Such letters are not accessible to applicants for admission. However, Public Law 93-380, Educational Amendments Act of 1974, grants enrolled students the right to inspect letters of recommendation. If the applicant does not waive the right to access and is admitted and enrolled, he or she will be able to access these letters.

- I waive the right to access this letter
- I do not waive the right to access this letter

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**To the recommender:**

Please fill out the information requested below. Either on the back of this sheet or on separate letterhead, please provide a letter of recommendation for the above applicant. Your letter should indicate how long you have known the applicant, in what capacity you have known the applicant, and discuss their strengths and weaknesses as they relate to attending an intensive summer study program. Once complete, please return it to the applicant in a signed and sealed envelope.

Name \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_