OFFICE OF PROFESSIONAL PRACTICE

GPAL APPLICATION FORM

PROFESSIONAL PRACTICE PROGRAMS

1. Name: _____
Last First MI

2. Date of Birth: _____ **3. Gender:** Male ❒ Female ❒ **4. Student ID #** _____

5. Tuition Status: In-State ❒ Out-of-State ❒ **6. Country of Citizenship:** USA ❒ Other ❒_____

7. Current Local Address & Phone:

_____
Street Address City, State, Zip Local Phone (&ext.)

8. E-mail Address: _____

9. Permanent Home Address & Phone:

_____
Street Address City, State, Zip Home phone w/ area code

10. Emergency Contact (name, relationship, phone):_____
We will call your primary support person first in case of emergency. Please list an alternate contact, in case your primary person is not available.

11. Campus now attending: _____ (Example: W. Lafayette, Calumet, etc.)

12. School: _____ (Example: Chem E, ECE, ME, etc.)

13. Major(s): _____ **14. Minor(s):** _____

15. Current Standing (please circle): Fresh: 1 or 2 Soph: 3 or 4 Junior: 5 or 6 Senior: 7 or 8 Grad

16. GPA (cum.): _____ **17. Anticipated date of graduation:** _____

18. Academic Advisor - Name, Campus Address & Phone:

_____
Name **Campus Address** **Campus Phone**

20. Your GPAL Partner's Name: _____**Phone Number:**_____

21. You are applying G-PAL program through:(Please check one)

❑ SITE PLACEMENT ❑ SELF PLACEMENT

If you have selected "SELF PLACEMENT", please attach a one-paragraph description including [a] type of internship (research/industrial), [b] activities planned, [c] timetable, [d] contact person/supervisor in host country along with company contact information, [e] financial arrangements.

ETHNIC INFORMATION

22. *(for statistical purposes only; response is optional)*

❑ White, non-Hispanic
❑ Hispanic
❑ Mixed Race
❑ Asian or Pacific Islander
❑ Native American or Alaskan Native
❑ Black/African-American
❑ Other

STUDENT CERTIFICATION/SIGNATURE: I certify that the preceding statements are true and accurate to the best of my knowledge. I hereby give my approval to have the information in my University records, including my transcript data and any information in the Dean of Students Office, made available to the Selection Committee, scholarship committees, and to cooperating institutions.

_____
Signature (Do not print) *Date*

Each student shall submit the following documents along with their U.S/ Home PAL as one packet:
(1) Application Form, (2) Resume (3) 2 Reference Letters (3) Transcript, (4) Internship Description.
Deliver to Office of Professional Practice, POTTER Rm. 114