

APPLICATION
Summer 2010 Group Project Abroad
Tanzania Swahili Language and Culture Seminar
(June 18, – July 18, 2010)

1. Contact Information:

(Last)

(First)

(Middle)

(Street Address)

(City)

(State)

(Zip Code)

(Day Telephone)

(Night Telephone)

(Email)

2. Additional Information

Last 4 Digits of Social Security Number: _____

Date of Birth: ____/____/____
 mm dd yy

Gender: ____male____female

Citizenship: ____U.S. citizen
 ____ Permanent Resident with _____Citizenship

3. General Academic Background

a) Undergraduate Education:

Institution: _____

Degree: _____ Date: _____

Major: _____ Minor: _____

b) Graduate Education:

Institution: _____

Degree: _____ Date: _____

Major: _____

4. Letters of Reference

Send the attached copies of the **Letter of Reference** form to two key individuals: Dean/School Principal and Unit Head of Department. Provide your referees with a stamped Envelope addressed to: **Dr. Lioba Moshi, University of Georgia, African Studies Institute 321 Holmes/Hunter Academic Building, Athens, GA 30602.**

Referees

Name	Position	Address (Mail & Email)
1.		
2.		

5. Current Academic Work and Achievement

Write a short biographical sketch (do not send CV) of your academic accomplishments honors and awards received, and examples (if any) of scholarly activities. Demonstrate your interest in African Studies (e.g., course developed, lecture given or attended, workshop conducted or attended, or creative works completed-website etc).

6. Statement of Purpose:

Attach a 1-2 page statement describing your interest and relevance of the program to your career development. Include tentative ideas of program projects you would like to engage and report on during the program term. Indicate your career commitment to the study of Africa, i.e. plans beyond the GPA program.

LETTER OF REFERENCE
Summer 2010
Tanzania Swahili Language and Culture Seminar

To be completed by Applicant

Applicant's Last Name	First Name	Middle Initial
Street Address	City	State & Zip Code
Name of Referee	Designation/Position	Institution/School

Optional: I hereby waive my rights to access this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

Signature: _____ Date: _____

To be completed by the Referee

Please include in your reference letter how long you have known the applicant, cite any evidence of commitments to area studies or future plans in area studies. Use the reverse side if necessary. If the applicant has signed the waiver above, the confidentiality of this letter of reference is assured.

Printed Name: _____ Position _____
 Signature: _____ Date: _____
 Institution and Address: _____

Please return this evaluation to:
 The University of Georgia, African Studies Institute
 321 Holmes/Hunter Building
 Athens, GA 30602
 Fax: 706-583-0482