



Summer Institute Application Form

Name: _____ Gender: _____

Address: _____

City, State & Zip: _____

Citizenship: _____

Telephone: _____

Name of Osgood Center Program Applying: _____

College or University: _____

Major: _____ GPA: _____

Classification/Occupation (If not student): _____

Email: _____

Number of Courses in International Relations or Foreign Policy: _____

Email Address of Someone who can Recommend you for the Program: _____

Interested in Conference Housing? _____

Security Information Required for Admission to Government Agencies

Passport or Photo Identification Number: _____

Date of Birth: _____

Place of Birth (City, State, Country): _____

MAIL TO:

Osgood Center for International Studies

1629 K St NW, Suite 300

Washington, D.C. 20006

Phone: 202-246-4543

OR EMAIL TO: Dr. Shelton Williams at

swilliams@osgoodcenter.org

(Please include the name of the program on the email subject along with your name)

All fees must be submitted by the application deadline.

Please note that in case of cancellation after the deadline, there will be no refunds granted