



Summer Symposium Application Form

Name _____ Gender: Male Female

Address _____

City, State & Zip _____

Citizenship _____

Telephone Number _____

College or University _____

Major _____ GPA _____

Email _____

Number of Courses in IR or Foreign Policy _____

Email address of someone who can recommend you for the symposium _____

Are you interested in Symposium housing? Yes No

Room preference: Smoking Non-smoking

Information required for Admission to Government Agencies:

Social Security Number _____

Or Passport Number _____

Date of Birth _____

Place of Birth _____

Please print this form and mail to:

**The Summer Symposium on Foreign Policy
Osgood Center for International Studies
1740 Massachusetts Ave, NW
Washington, D.C. 20036**