

WEST VIRGINIA

COUNCIL OF INTERNATIONAL PROGRAMS

Office of International Programs – G 17 White Hall, P.O. Box 6214

West Virginia University - Morgantown, WV 26506-6214

Telephone: 1-304-293-6955 -- Fax: 1-304-293-6957

Email – lky2@mail.wvnet.edu Web – <http://www.wvu.edu/~intlprog/cip/index.htm>



Application – Deadline March 1st

WV CIP encourages applicants to apply in advance of the deadline. Please type your responses. Your application is not complete until CIP has received at least 2 Letters of Recommendations from persons familiar with you.

Country _____

1. First Name _____ **Last Name** _____ **Middle Name** _____

Gender M F Age _____ Date of Birth (mm/dd/yy) _____ City & Country of Birth _____

Marital Status _____ Children (#) _____ Ages : _____

Home Address _____

Home Phone _____ Other/Cell Phone _____ Home Fax _____

Work Address _____

Work Phone _____ Work Fax _____

Email _____

2. Present Job Title _____

Dates Employed _____

Name of Employer _____

Duties _____

English Proficiency:

(Check One) Poor Fair Good Excellent

Verbal:

Written:

Other Language(s): _____

(Check One) Poor Fair Good Excellent

Verbal:

Written:

TOEFL or Other Language Test:

Name of Test _____

3. Education/Training

High School
Name and Location _____
Course of study _____

Graduated? Yes No Degree received _____ Date Received _____

College or University
Name and Location _____
Course of study _____

Graduated? Yes No Degree received _____ Date Received _____

Graduate or Professional
Name and Location _____
Course of study _____

Graduated? Yes No Degree received _____ Date Received _____

Technical/Military
Name and Location _____

Course of study _____

Graduated? Yes No Degree received _____

Highest Degree Received _____
Degree Specialization _____

4. Computer Skills

Other Special Skills _____

5. Previous Work Experience

Name and Location of Employer	Dates Employed	List Position and Description of Duties
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1. _____

2. _____

3. _____

4. _____

6. Personal Information

How is your physical health? _____ Past hospitalizations? Yes No

If yes, give reasons and dates _____

Are you currently taking any medication? Yes No

If yes, what kind _____

Reasons for taking it _____

Do you have any dietary restrictions? _____

Do you have any objections to certain *foods*? _____

Do you have any allergies? _____

Do you smoke? Yes No

Can you confine your smoking? Yes No

Do you have any objections to others smoking? Yes No

Do you have any objections to pets? Yes No

Religion _____

Hobbies and leisure time interests _____

Name, address, and telephone number of contact person in case of emergency _____

7. Finances - Travel and Program Support

Citizenship _____ Passport No. (and City/Country of Issuance) _____

International Driver's License? Y N If Yes, then License Number _____

What is the financial source of your international and U.S. travel?

Personal Funds _____ Grant/Scholarship/ _____

Employer _____ Sponsor _____

Other _____

Do you have or can you get funds to cover your program support/personal insurance? _____

Would your employer continue to pay your salary while you are in West Virginia? Yes No

Do you plan to return to your present position? Yes No

8. Previous Foreign Travel or Residence

Country	Year of Visit	Reason for Visit
1. _____		
2. _____		
3. _____		

Previous Travel to U.S.? _____

Do you have relatives in the U.S? Yes No

1. Relationship _____

Address _____
Phone _____

2. Relationship _____

Address _____
Phone _____

9. Autobiography

Please **ATTACH** an explanation of highlights of your background, experiences, and achievements that contributed to your development.

10. Current or Most Recent Employment

Name of Employer _____

Address _____

Contact _____ Phone _____ Fax _____

Type of Agency or Organization _____

Describe the Activities, Function and Purpose of the Organization (ATTACH additional pages if needed).

Describe your specific responsibilities (ATTACH additional pages if needed).

11. West Virginia Placement

(You may attach additional sheets of paper to answer the following questions.)

What professional skills do you want to improve or learn in a placement with West Virginia CIP?

What work related activities do you want to engage in during the placement?

11. West Virginia Placement CONTINUED:

How would your placement experience be relevant and valuable to your work in your home country?

What are your career goals, short-term and long-term?

What skills, expertise and experience do you have that you can share with colleagues in your field?

The statements enclosed in this application are true. I understand that falsification of any of these items can lead to the termination of my consideration as a participant or participation in West Virginia CIP. Understanding this, I acknowledge my responsibility for these statements with my signature below.

DATE

SIGNATURE
