

INSTITUTE FOR SHIPBOARD EDUCATION
SEMESTER AT SEA

Student Affairs at Sea Lifelong Learner Application

SEMESTER AT SEA
Student Affairs at Sea Program
Summer 2010

P.O. Box 400885
Charlottesville, VA 22904
Phone: 800-854-0195

PERSONAL INFORMATION

Name:

As it appears on your passport / birth certificate

SSN:

Permanent

Address:

City:

State:

Zip Code:

Country:

Other

Address:

City:

State:

Zip Code:

Country:

Please check

Send mail to:

Home

Other *Address valid until* (mm/dd/yyyy):

Phone (Home):

(Cell/Work):

Email Address (Primary):

(Secondary):

To ensure email delivery from us, please add ise.virginia.edu and semesteratsea.org to your list of approved email senders.

Date of birth (mm/dd/yyyy):

Please check

Gender:

Male

Female

Transgender

Place of birth (city, state, country) :

Country/countries from which you hold a passport:

Please list two emergency contacts: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

WORK, EDUCATION, AND TRAVEL HISTORY

List your employment history:

List your education history:

What countries have you visited?

Do you have a special skill, talent, knowledge, or travel experiences that you would be willing to talk about in a seminar or student discussion group? If so, please list those areas of interest:

OTHER

Are you interested in being a mentor as part of an extended family for the students of our voyage? Yes No

Are you interested in helping with programs on the ship? Yes No

Do you plan to audit Semester at Sea classes? Yes No

If you have sailed with SAS in the past, please indicate your voyage: _____

How did you hear about Semester at Sea?

- I know someone who sailed on SAS
- Internet search
- Travel agency: _____
- Newspaper: _____
- Magazine: _____
- Other: _____

Who has been influential in your decision to apply to SAS?

<i>Name</i>	<i>Relationship</i>	<i>Email Address</i>
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Share Semester at Sea with someone you know! _____

Name: _____	Email Address: _____	Relationship: _____
Name: _____	Email Address: _____	Relationship: _____
Name: _____	Email Address: _____	Relationship: _____

RESERVATION INFORMATION

Semester at Sea operates on a rolling admission basis; therefore, there are no set application deadlines. However, we recommend applying as early as possible. Applications will be accepted until program capacity is reached. Please note: a \$500 reservation deposit is required to reserve cabin space.

To reserve cabin space, please submit this completed application along with payment of your deposit by mail to:

Institute for Shipboard Education
P.O. Box 400885
Charlottesville, VA 22904

Indicate payment preference below:

- I have enclosed a check payable to the **Institute for Shipboard Education**.
- Please charge the \$500 reservation deposit to my credit card. MasterCard Visa American Express

Name: _____ Account #: _____

Billing Address: _____ Exp. Date: _____

Cardholder Signature: _____ Date: _____

By signing below, I hereby certify that all statements in this application and related materials are true.

Print name: _____ Signature: _____

Date: _____