



SEMESTER AT SEA®

Application for Teachers at Sea

Please indicate the semester for which you are applying: Summer 20____

Full Legal Name (as it appears on your passport/birth certificate)

Last (with suffix) First Middle Preferred

Social Security Number _____ - _____ - _____

Permanent Home Address

Street City State Zip Code

Home Phone Number (_____) _____

Seasonal Address (if applicable)

Street City State Zip Code

Cell Number (_____) _____

Send mail to: Home Seasonal Address valid until (mm/dd/yyyy): _____

Email address: _____

Secondary email address: _____

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

Date of Birth (mm/dd/yyyy) _____ **Gender** ___ Male ___ Female

Place of Birth _____
City State Country

You hold a passport from _____

Please provide the following information about yourself?

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

Have you sailed with Semester at Sea before? Yes No which voyage(s)? _____

If called upon, would you be willing to talk about your career during a Career Seminar with students? Yes No

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

List Employment History:

List Education History:

What countries have you visited?

Please provide the following emergency contacts:

Name Relationship to you

Phone Number Email address

Name Relationship to you

Phone Number Email address

Additional Questions:

How did you hear about Semester at Sea? If none of the options below apply, please write in your response.

- I know someone who sailed on SAS
- Internet search
- Travel Agency
- Which one? _____
- Newspaper

- Which one? _____
- Magazine
- Which one? _____
- Other
- _____

Who has been influential in your decision to apply?

Name	Relationship	E-mail
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Share Semester At Sea with family and friends! Please provide their contact information:

1. Name: _____

Address: _____
Street City State Zip

Phone: _____ **E-mail:** _____

2. Name: _____

Address: _____
Street City State Zip

Phone: _____ **E-mail:** _____

Semester at Sea operates on a rolling admission basis; therefore, there are no set application deadlines. However, we recommend applying as early as possible, up to one year in advance. Please note that when admitted to the program, you must confirm your intent to participate by submitting a \$500 deposit.

You may complete the application in two ways – online or paper.

- To apply online, visit <http://www.semesteratsea.org> or
- Submit a printed *Application for Teachers at Sea*.

Please return all materials to
Semester at Sea
PO Box 400885
Charlottesville, VA 22904-4885

(800) 854-0195
www.semesteratsea.org
info@semesteratsea.org

Semester at Sea – Cabin Reservation and Payment Form

To reserve cabin space, please submit this form, a current teaching certificate, and a \$500USD per person reservation deposit to:

Semester at Sea
Teachers at Sea Program
PO Box 400885
Charlottesville, VA 22904-4885

PLEASE SUBMIT A CURRENT TEACHING CERTIFICATE WITH THIS APPLICATION

Full Name: _____ Voyage: _____ Year: _____
Cabin Choice: Cabin type: ____ Outside cabin ____ Inside cabin Occupancy Type: ____ Single ____ Double (roommate listed below) ____ Double (request roommate) Roommate: _____
Check Information: _____ I have enclosed a check payable to the Institute for Shipboard Education for \$500 USD reservation deposit.
Credit Card Information: _____ Please charge the \$500 USD reservation deposit to my credit card. We accept: ____ Visa ____ MasterCard ____ American Express ____ Discover Name on card: _____ Account number: _____ Expiration Date: _____ / _____ Credit Card Billing Address: _____ _____ Signature: _____ Date: _____



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