



SEMESTER AT SEA

*Application for Lifelong Learning Admission*

Please indicate the semester for which you are applying: Summer 20\_\_ Fall 20\_\_ Spring 20\_\_ Short Term 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

Do you plan to audit Semester at Sea Classes? 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:

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List Employment History:

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List Education History:

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What countries have you visited?

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**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

- 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:** \_\_\_\_\_

**Legal Disclosure:**

Have you ever been convicted of any crime, excluding minor traffic violations that did not involve bodily injury to others?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach explanation to this form. If you are charged with a criminal offense after you submit this application, notify the Institute for Shipboard Education at once.

ISE is committed to the safety, security and health of the Participants on its voyages. ISE must exercise judgment in the review of applications for the voyages. Background checks of applicants may be conducted at the discretion of ISE, and references may be requested.

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.

**Please return all materials to**  
 Semester at Sea  
 Lifelong Learning Program  
 PO Box 400885  
 Charlottesville, VA 22904-4885  
 (800) 854-0195  
[www.semesteratsea.org](http://www.semesteratsea.org)  
[info@semesteratsea.org](mailto:info@semesteratsea.org)



SEMESTER AT SEA

Full Name: \_\_\_\_\_

Voyage: \_\_\_\_\_ Year: \_\_\_\_\_

**Cabin Choice:**

Cabin type: \_\_\_\_\_ Superior Balcony Suite \_\_\_\_\_ Deluxe Balcony Suite \_\_\_\_\_ Junior Suite

\_\_\_\_\_ Ocean view 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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