



SEMESTER AT SEA®

Application for Lifelong Learning Admission

Please indicate the semester for which you are applying: Summer 20__ Fall 20__ Spring 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:

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 \$1000 deposit.

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 Payment

To reserve cabin space, please complete this form and submit a \$1000USD per person reservation deposit to :

**Semester at Sea
Lifelong Learning Program
P.O. Box 400885
Charlottesville, VA 22904**

Full Name: _____

Voyage: _____ Year: _____

Check Information:

_____ I have enclosed a check payable to the **Institute for Shipboard Education** for the \$1000USD/\$2000USD reservation deposit.

Credit Card Information:

_____ Please charge the \$1000USD/\$2000USD reservation deposit to my credit card.

We accept: _____ Visa _____ MasterCard _____ American Express

Name on Card: _____

Account Number: _____

Expiration Date: _____ / _____

Credit Card Billing Address: _____

Signature: _____ Date: _____

