

Paris Summer Study, Inc. Application Form

Session I am applying to: _____

Title: Mr.
Miss
Ms.
Mrs.

First Name: _____

Last Name: _____

Middle Initial: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Mailing Address: _____

Permanent Address: _____

Birth date: _____

The best time to call me is

- Morning
 Afternoon
 Evening

Highest Level of Education:

- High School
Currently pursuing Associates Degree
Associates Degree
Currently pursuing Bachelors Degree
Bachelors Degree
Currently pursuing Masters Degree
Masters Degree
Currently pursuing PhD
PhD

Current / Last Educational Institution:

My health insurance covers care in Europe?

Yes (If yes, you must show proof of coverage)

No (If no, you are REQUIRED to obtain International Healthcare coverage)

I am interested in renting a mobile phone while in Europe (fee is \$60 plus \$125 deposit)

Yes

No

I will pay by:

Check:

Money Order:

Credit Card using Paypal: (a secure on-line credit card processing service - a service fee of 3% is added to all Paypal payments)

If accepted into the Paris Summer Study, Inc. program I promise to pay all fees related to services provided by Paris Summer Study, Inc in relation to the program I am requesting enrollment in.

Signed: _____