

Cadet Application for Military Partnership Programs

Please complete in blue or black ink

Personal Information

First Name: _____	Gender:	Female	Male	
Middle Name: _____	Date of Birth:	____/____/____		
Last/Surname: _____		month	day	year
Email: _____	Cadet Rank:	_____		
Country of Citizenship: _____				
Permanent Address: (Foreign Non-US) _____ _____ _____				

Military Academy/University Information

<p>School Name: _____</p> <p>Mailing Address: _____ _____ _____</p> <p>School Administrator Name: _____</p> <p>Email: _____</p> <p>Phone #: _____</p>	<p><u>Visa Type you are seeking:</u></p> <p style="text-align: center;">% J-1 1 \$ 7 2</p> <p><u>Semester Term of Entry:</u></p> <p style="text-align: center;">Fall 20____</p> <p style="text-align: center;">Spring 20____</p> <hr/> <p><u>Please mail application to:</u></p> <p style="text-align: center;">University of North Georgia Attn: Center for Global Engagement 82 College Circle Dahlonega, GA 30597</p> <p>Email: anthony.fritchle@ung.edu</p> <p>Phone # 1-706-867-3166</p>
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I certify to the best of my knowledge, the information submitted on this application is true and complete.

Signature

Date