

The Les Aspin Center

FOR GOVERNMENT

Africa Program Application

PLEASE TYPE OR PRINT IN BLOCK LETTERS ALL OF THE FOLLOWING INFORMATION.

*ITEMS MARKED WITH AN ASTERISK ARE OPTIONAL AND ARE NOT USED IN THE SELECTION PROCESS.

1. NAME:

2. TITLE: MR. MRS. MS. MISS

3. *BIRTH DATE: / /

4. *U.S. CITIZEN: YES NO

5. *SOCIAL SECURITY NUMBER:

6. MARQUETTE UNIVERSITY I.D. (IF APPLICABLE)

7. E-MAIL ADDRESS

8. *CURRENT MAILING ADDRESS:

EFFECTIVE UNTIL

STREET

CITY

STATE

ZIP CODE

9. CURRENT PHONE:

EFFECTIVE UNTIL

10. PERMANENT ADDRESS:

STREET

CITY

STATE

ZIP CODE

11. PERMANENT PHONE:



MARQUETTE
UNIVERSITY

Academic Information

ACADEMIC STATUS DURING PROGRAM (CHECK ONE):

SOPHOMORE

JUNIOR

SENIOR

GRADUATE STUDENT

EXPECTED DATE OF GRADUATION:

PLEASE LIST EACH COLLEGE OR UNIVERSITY YOU HAVE ATTENDED. BEGIN WITH THE SCHOOL AT WHICH YOU ARE CURRENTLY ENROLLED.

COLLEGE OR UNIVERSITY

CITY, STATE

DATES ATTENDED

MAJOR

CUMULATIVE G.P.A.

Additional Item For Submission

200 – 250 word essay on why you would like to participate in the Africa Program.

SIGNATURE OF APPLICANT

DATE

Please direct inquiries to The Les Aspin Center for Government at (800) 544-1789.



MARQUETTE
UNIVERSITY