

# 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

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STREET

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CITY

STATE

ZIP CODE

9. CURRENT PHONE:

EFFECTIVE UNTIL

10. PERMANENT ADDRESS:

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STREET

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CITY

STATE

ZIP CODE

11. PERMANENT PHONE:



**MARQUETTE**  
UNIVERSITY

# Academic Information

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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

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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