

middelburg center for transatlantic studies

10-12 Latijnse Schoolstraat, 4331 Middelburg, the Netherlands

1. Name _____
Family First Middle/Maiden

2. Gender () Male () Female 3. Date of Birth _____
Month Day Year

4. Country of Citizenship _____ 5. Passport No. _____

6. Home Institution _____
(For the ITESM students, please include your campus name and location)

7. A. Present Address (valid until _____) B. Permanent Address
M/D/Y

Tel _____ Tel _____
Email _____ Email _____

8. Major/Field of Study _____ 9. Year in Program _____

10. I am applying for:

Spring _____
Year

Autumn _____
Year

Summer session _____ Block 1 Block 2
Year

11. Please list the four semester-long courses (both MCTS and RA) for which you would like to register.
List two additional RA courses to ensure you get the courses you desire.

1. _____ 2. _____

3. _____ 4. _____

5. (alternate) _____ 6. (alternate) _____

7. (alternate) _____ 8. (alternate) _____

Summer 1. _____ and/or 2. _____
(Please indicate "and" or "or")

12. Authorization from your Course/Subject Leader or Head of Department (if necessary)

(Signature of Course Leader, Subject Leader, or Head of Dept.)

(Print name)

(Department)

(E-mail address)

(Telephone number)

Name: _____
Family First Middle/Maiden

13. Do you require any special medical treatment? Yes No

If yes, please specify _____

14. Name/Address of person to be contacted in case of emergency.

Name _____
Family First

Relationship to Student _____

Address _____

Tel _____ Fax _____

Email _____

I hereby make application for participation in this programme under the conditions specified by (home institution) _____ and by the Middelburg Center for Transatlantic Studies. I specifically agree, if admitted, to participate fully in the academic programme, to respect the supervision and authority of the director(s) of the programme, and to abide by the rules and regulations established for the programme. I agree to conduct myself as a responsible representative of my university and my country, and I understand that failure in this respect may result in expulsion from the programme. By submitting this application, I indicate my acceptance of these conditions and indicate that all the information I have provided in this application is correct to the best of my knowledge.

Student signature _____ Date _____

Coordinator's signature _____

Please attach the following supporting documentation:

1. One clear photocopy of your passport, the page which contains your personal data, photo & signature
2. One copy of the policy (or card) of your health insurance, which has valid international health coverage
3. A letter from your insurance agent/company stating that your health insurance will cover you while in Middelburg
4. One official college transcript
5. One certified copy of your birth certificate (US and Mexican students only)
6. A letter of recommendation (if you have submitted one to your institution to study abroad, you may submit it)
7. A letter of motivation (why you would like to study at MCTS and in the Netherlands)