

Costarican Cultural Immersion Program

www.unibe.ac.cr/ccip

Costa Rican Cultural Immersion Program Letter of Application to the 2010 Program for Psychology and Pre-Med

Personal Information

Your name: _____

Current Address: _____

Permanent Address: _____

Telephone number: _____

Cel number: _____

Email address: _____

Age: _____

Gender: _____

Citizen of what country? _____

Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Phone numbers: Home: _____

Work: _____

Cel phone: _____

Your Program

Name of university: _____

Address: _____

Name of program director: _____

Have you discussed this program with your program director?

Has your program director endorsed your participation in it?

Degree goal: master's degree _____ specialist degree _____ doctoral degree _____

When you expect to complete your degree:

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Health

Allergies: _____

Dietary restrictions: _____

Chronic medical conditions: _____

Other health-related information: _____

Spanish

Number of semesters of Spanish classes

At college: _____

At high school: _____

Other ways Spanish was acquired: _____

Languages other than English spoken at your home: _____

Honestly estimate your current Spanish language proficiency in

listening comprehension: none, little, some, adequate

speaking: none, little, some, adequate

reading: none, little, some, adequate

writing: none, little, some, adequate

Foreign travel

List the countries to which you have traveled and for what length of time:

Please state why you are interested in participating in this program.