

Chicago-Kent College of Law, Illinois Institute of Technology
International Law, Summer Program 2009
Office of International Law and Policy Development

A. Contact Information

Family/Last Name: _____ First Name: _____
(should match your passport)

Address 1: _____

Address 2: _____

City: _____ State: _____

Postal/Zip Code: _____ Country: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

B. Biographical Information

Male ___ Female ___ Date of Birth: _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Position Last Held in Country of Residence: _____

U.S. Social Security Number (if applicable): _____

Will You Be Bringing Dependents With You? Yes _____ No _____

If yes, please fill out Section C

Please return this document to Hilary Waldron, Office Coordinator Jr., International Law and Policy Development, Chicago-Kent College of Law, 565 West Adams Street, Chicago, Illinois, 60661. You may also fax or e-mail the form to Ms. Waldron at 312.906.5355 (fax) or hwaldron@kentlaw.edu

C. Dependent Information

Please provide the following information for each dependent (spouse/unmarried minor child) who will accompany you:

Dependent 1

Last/Family Name:

First Name:

Date of Birth:

City of Birth:

Country of Birth:

Country of Citizenship:

Relationship to Student:

Dependent 2

Last/Family Name:

First Name:

Date of Birth:

City of Birth:

Country of Birth:

Country of Citizenship:

Relationship to Student:

Dependent 3

Last/Family Name:

First Name:

Date of Birth:

City of Birth:

Country of Birth:

Country of Citizenship:

Relationship to Student:

Dependent 4

Last/Family Name:

First Name:

Date of Birth:

City of Birth:

Country of Birth:

Country of Citizenship:

Relationship to Student: