

Division of International Studies * Jackson State University * P.O. Box 17103 * Jackson, MS 39203
Phone: (601) 979-3791 * Fax: (601) 979-3388

FACULTY/STAFF PROFILE FORM

Note: Faculty who wish to obtain technical assistance or advising support in organizing study/travel abroad opportunities for students should complete the faculty/staff profile form. Those faculty and staff who desire technical assistance and support in obtaining access to overseas study abroad programs should complete the faculty/staff application form and pay a nonrefundable \$50 application fee.

=====

Name: (Last) _____ (First) _____ (Middle) _____

Position/Title: _____

Division/College: _____ Department/Unit: _____

Institutional Affiliation _____

Certification and Signature

By providing a signature below, applicant certifies that the information contained in this document is accurate to the best of his/her knowledge:

Signature: _____ Date: _____

Background Information*PRIMARY CONTACT INFORMATION*

<i>Cellular Phone Number(s)</i>	<i>E-Mail Address(es)</i>
<i>Office Number(s):</i>	<i>Residential Phone Number</i>
<i>Fax Number(s)</i>	<i>Pager Number</i>

ADDRESS(ES)

<i>Campus or Local Address (P.O. Box or Street, City, State, Zip Code)</i>
<i>Residential Address (If Different Than Above)</i>
<i>Name of Spouse (If Applicable)</i>

Personal Information

<i>Social Security Number</i>	<i>Date of Birth</i>
<i>Gender</i>	<i>Country of Citizenship</i>
<i>Passport Number and Country of Issuance</i>	<i>Date of Expiration of Passport and Number of Blank Pages</i>
<i>Special Dietary or Medical Conditions</i>	<i>Name, Address and Number(s) of Primary Physician</i>
<i>Name(s), Address(es) and Number(s) of Emergency Contact(s)</i>	<i>Name of Health Insurance Plan and Group/ID Number</i>

International Exchange Interests

GEOGRAPHICAL FOCUS

(Note: Please indicate the area of geographical interest by placing a check in the appropriate box(es) below.)

<i>Caribbean/Latin America</i>		<i>Africa</i>	
<i>Asia</i>		<i>Western Europe (Including Canada, Australia and New Zealand)</i>	
<i>Russia/Eastern Europe</i>		<i>Middle East</i>	

PROGRAM OBJECTIVES AND CAPABILITIES

Please briefly describe the kind of assistance you wish to receive from the Division of International Studies in planning your trip abroad:

Please briefly describe the nature and scope of previous international experience:

Please list languages spoken and indicate level of fluency (basic, intermediate and advanced).

Support for On-Going Outreach Efforts

Please indicate how you learned about the study abroad programs and activities of the Division of International Studies by placing a check in the appropriate box(es):

<i>Schoolmate, Friend</i>		<i>Flyer or Other Literature</i>	
<i>Display Board/Exhibit</i>		<i>Faculty Member</i>	
<i>University Administrator/Official</i>		<i>Informational Seminar Conducted by DIS Staff</i>	
<i>International Education Week Program (Fall)</i>		<i>International Week Program (Spring)</i>	
<i>The Internet</i>		<i>Radio or Television Media</i>	

Are you interested in joining a university-based association that will work with the Division of International Studies to promote participation in overseas exchanges and programs?