



Colorado European Union Center of Excellence
 Josef Korbel School of International Studies
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BRUSSELS SUMMER STUDY PROGRAM

Application and supporting documentation due to CEUCE by March 31, 2017

How did you hear about this program?

DU Josef Korbel School of International Studies Home University
 Professor Email Poster/Flyer Other: _____

Name _____ University _____

Student ID number _____

Current Address _____

Email _____ Phone Number _____

Permanent Address _____

Emergency Contact Person _____

Primary Phone Alternative Phone
 () ()

Current academic status (2016-2017) Current GPA _____

Undergrad - 1st yr Undergrad - 2nd yr Declared Degree _____
 Undergrad - 3rd yr Undergrad - 4th yr Expected Graduation Date _____
 Grad - 1st yr Grad - 2nd yr Other: _____

Please indicate your foreign language ability

language:	Elementary	Intermediate	Accelerated	Native
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]
_____	[]	[]	[]	[]

Colleges and Universities Attended	Dates	Major	Degree
1. _____			
2. _____			
3. _____			

Should you need more space, please attach another sheet for the next 3 questions(maximum of 300 words per response):

Honors and Awards Received:

Previous Study and Travel Abroad:

Relevant Employment Experience:

Academic Recommendations Requested From:

1.	Name _____	University _____
	Title _____	Department _____

2.	Name _____	University _____
	Title _____	Department _____

Statement of Purpose: On a separate sheet, please explain why you feel the Brussels Summer Study Program will add an important dimension to your education.

I certify that the information provided is correct.

Signature

Date

**Please submit application form and supplemental documents in PDF format to ceuce@du.edu
by March 31, 2016.**