 **Office of Global Initiatives**

**Application Form**

**Program: Short Term Program in Public Administration**

**Program dates: January 8 – January 23, 2016**

**You are required to submit following documents with the Application:**

1. Completed application
2. Copy of your passport (photo page)
3. If paying by credit card: Please submit credit card authorization form (Fill out page 4 of the application)

All documents should be emailed to [diana.lazov@baruch.cuny.edu](mailto:diana.lazov@baruch.cuny.edu)

**Applicant’s Personal Information:**

|  |  |
| --- | --- |
| Application Date |  |
| First name |  |
| Last name |  |
| Home Address |  |
| Primary Phone Number |  |
| Email address |  |
| Second email address |  |
| Date of Birth |  |
| Country of Citizenship |  |
| City and Country of Birth |  |
| Emergency contact name and phone number |  |
| Method of payment | \_\_\_\_\_\_\_Credit card (fill out page 4 of the application)  \_\_\_\_\_\_\_Wire transfer (account information will be sent to you with the acceptance letter) |

**Language Criteria:** You are required to have an intermediate comprehension level or higher in English as courses will be taught in English.

I certify that the information submitted on this application is accurate to the best of my knowledge. I understand that withholding information or misrepresenting my record may result in cancellation of my application. I understand that the information provided in my application will be treated confidentially and will be used for institutional purposes only.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Payment Authorization Form**

**Program: Short Term Program in Public Administration**

**Program dates: January 8 – January 23, 2016**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Credit Card Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(credit card holder name)**

**authorize Baruch College Marxe School of Public and International Affairs to charge my card in the amount of US $3,500.00 (Three thousand five hundred US dollars). I agree that the payment will be made in two steps:**

* ***The $500.00 non-refundable deposit will be charged by November 20, 2016***
* ***The remaining program fee ($3,000.00) will be charged in full by January 8, 2017***

**Credit Card Holder Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**