



**CGA GLOBAL FIELD INTENSIVES -- REGISTRATION FORM**

**COURSE SELECTION:**

- JUNE 1 – 12, 2009** Y45.3010.999 GHANA: A CASE STUDY IN DEVELOPMENT
- JUNE 20 – 27, 2009** Y45.2250.999 INTERNATIONAL ORGANIZATIONS: A FOCUS ON GENEVA
- JULY 10 – 17, 2009** Y45.3015.999 BERLIN: A SOCIETY IN TRANSITION

**ARE YOU AN MSGA STUDENT?** \_\_\_\_\_ **\*IF NO, WHAT IS YOUR PROGRAM OR AFFILIATION?** \_\_\_\_\_

*\*NON-MSGA STUDENTS ARE RESPONSIBLE FOR ENSURING THAT THE STUDY ABROAD COURSE MEETS INDIVIDUAL GRADUATE PROGRAM AND DEGREE REQUIREMENTS.*

**NAME (AS IT IS ON YOUR PASSPORT)** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**STUDENT ID#** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**GRADUATE CREDITS EARNED AS OF SPRING 2009** \_\_\_\_\_

**EXPECTED GRADUATION SEMESTER AND YEAR** \_\_\_\_\_

**INTENDED CONCENTRATION** \_\_\_\_\_

**CITIZENSHIP** \_\_\_\_\_ **COUNTRY OF RESIDENCE** \_\_\_\_\_

**CURRENT VISA STATUS (NON-U.S. CITIZENS)** \_\_\_\_\_

**PASSPORT NUMBER** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**PASSPORT ISSUING COUNTRY** \_\_\_\_\_

**Please submit a one page personal statement which answers the following question:  
How will this Global Field Intensive help you meet your academic and/or professional goals?**

**Ghana Participants Only:** Please hold March 24<sup>th</sup> for short Interviews. Interviews will be conducted from 10am – 7:30 pm. Please list your preferred timeslot here \_\_\_\_\_ and we will do our best to accommodate you.

**BY SIGNING THIS REGISTRATION CONFIRMATION FORM, I HEREBY GIVE MY PERMISSION TO BE ENROLLED IN THE SPECIFIED PROGRAM. I UNDERSTAND THAT THERE WILL BE A PROGRAM FEE IN ADDITION TO THE THREE CREDIT TUITION AND THAT I AM RESPONSIBLE FOR MY AIRFARE TO THE COUNTRY. I HAVE READ THE CANCELLATION POLICY AND I AM WILLING TO FORFEIT MY \$300 DEPOSIT, ENTIRE PROGRAM FEE AND ASSOCIATED TUITION & REGISTRATION FEES IF I CANCEL MY ENROLLMENT ON OR AFTER APRIL 3, 2009 FOR THE GHANA PROGRAM AND MAY 18<sup>TH</sup> FOR THE GENEVA PROGRAM.**

**SIGNATURE:** \_\_\_\_\_

**PRINT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RETURN BY EMAIL TO [mykellann.ledden@nyu.edu](mailto:mykellann.ledden@nyu.edu) OR BY FAX 212.995.4597 BY.**