



PROFESSIONAL DEVELOPMENT - STUDY ABROAD PROGRAM APPLICATION – SUMMER 2024

Submit this application with a \$100 non-refundable deposit payable to: Hostos Community College of CUNY

Hostos Community College/CUNY – Attn: Dean Ana I. García Reyes,
475 Grand Concourse, A Building, Suite # 126C, Bronx NY 10451. AGREYES@hostos.cuny.edu

Questions? Contact: Mr. Gerson Pena at 718-664.2753 gpena@hostos.cuny.edu

PERSONAL INFORMATION

Name _____ Male ___ Female ___ X ___

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Email: _____ Secondary Email: _____

Primary Phone: _____ Secondary Phone: _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PASSPORT INFORMATION

U.S. Citizen: ___ Permanent resident: _____ Do you have a valid passport? Yes/No

Passport Issuing Country: _____ Passport Expires: _____

If you do not have a passport, apply for a passport immediately.

If you are a permanent U.S. resident, consult USCIS about requirements/restrictions for travel.

If your passport expires sooner than Feb. 2024, you should renew before any international travel in Summer 2024.

OTHER:

Participants must be cleared medically to travel and must self-enroll in CUNY Student Travel Insurance.

Note that several legal conditions restrict international travel and/or re-entry. These include, but are not limited to expired documents, criminal probation, outstanding warrants, unanswered court summons, or inclusion on a DHS no-fly list. If any of these circumstances might apply to you, please submit a statement of explanation.

ACCOMODATIONS

Will you require translation of Spanish content? Y/N

Private room: Yes/No (*The program fee includes a double occupancy room. Private rooms are available at additional cost.*)

List any dietary restrictions. _____

Do you have a medical condition or disability which requires special accommodation? Explain:

EDUCATION AND EMPLOYMENT

Employment Status: Full Time _____ Part Time _____ Student _____ Other _____

Employer: _____ Title: _____

School Address: _____

Department/Subjects: _____

List all Post-secondary education, dates, and degrees including degrees in progress.

School	Major	Degree	Date

PERSONAL ESSAY

Submit a one-page personal statement that includes your reasons for participating in this teacher training/ study abroad program. Please indicate any aspects of the program in which you are particularly interests, i.e. history, arts, pedagogy, language. Explain how these aspects relate your educational, professional, and personal goals.

LETTER OF RECOMMENDATION

Submit a letter of recommendation from an advisor, supervisor, or principal.

OPTIONAL

Are you Dominican or of Dominican descent? Yes/No

Teachers of Dominican nationality or ancestry may be candidates for an award from the Dominican Ministry of Education.

I acknowledge that I have read this application and that all the statements are correct to the best of my knowledge.

Signature: _____ Date: _____