

PROFESSIONAL DEVELOPMENT - STUDY ABROAD PROGRAM APPLICATION – SUMMER 2026

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 Peña 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 one as soon as possible.

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

If your passport expires before February 2026, be sure to renew it before any international travel planned for Summer 2026.

OTHER:

Participants must obtain medical clearance before traveling and are required to 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.

ACCOMMODATIONS

Will you require the translation of Spanish content? Y/N

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

List any dietary restrictions. _____

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

EDUCATION AND EMPLOYMENT

Employment Status: Full Time Part-Time Student Other _____

Employer:		Title:
Address:		
City:	State:	Zip Code:
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 you are particularly interested in, i.e., history, arts, pedagogy, and language. Explain how these aspects relate to 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, to the best of my knowledge, all the statements are correct.

Signature: _____ Date: _____