

U.S. GEMINI FELLOWSHIP PROGRAM

APPLICATION FORM

1. Name (in full) _____

2. Nationality _____

3. Place of birth _____

4. Date of birth _____

5. Present address _____

6. Telephone _____ Fax _____

7. E-mail address _____

8. Education level or date of Ph.D. _____

9. University _____

10. Thesis, if applicable (title and short summary; not to exceed allotted space) OR primary area of study

11. Thesis advisor, if applicable _____

12. Proposed Host Institutions

First choice _____

Faculty contact & relationship, if any _____

Second choice _____

Third choice _____

Signature _____ Date _____

Send to: Gemini National Office located in home country
(See item C.6. of the Announcement of Opportunity)