

College of DuPage
Assistant Director Application
Study Abroad in Costa Rica 2009

Personal Information

Last Name (Please print) _____ First Name _____ Middle Initial _____

Institution _____

Work Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work phone _____ E-mail Address _____

Course Taught _____

Spanish-speaking ability (level) _____

ICISP Representative's Name _____ ICISP Representative's Signature _____ Date _____

Supervisor's Name _____ Supervisor's Signature _____ Date _____

Essay

Please attach a typed essay in which you introduce yourself and your reasons for participation in this program. Please include:

- Your motivation/goals in participating in this program
- Experience studying or traveling abroad
- Anything else you would like to share

Other

Applications should be mailed to:
Summer Study Abroad in Costa Rica
Zinta Konrad
International Education
College of DuPage
Fax: (630) 858-1603

Direct Questions to:
Laura Ortiz
Phone: (630) 942-2791 E-mail: ortizl@cod.edu
Elizabeth Mares
Phone: (630) 942-3937
E-mail: marese@cod.edu