



## American Middle East Institute (AMEI)

Summer in Oman Application Form 2013

**Application deadline: April 15, 2013**

submit to: [info@americanmei.org](mailto:info@americanmei.org)

### Section 1 – Personal Information

Contact Information
Full name (as it appears on Passport):
Home Address:
Telephone (your cell):
E-mail Address:
Telephone (home landline if applicable):
Emergency Contact Name:
Telephone number(s) for 24/7 emergencies :
Relationship:

Passport Information
Passport Number:
Date of Birth:
Place of Birth:
Country issuing passport:
Are you a Permanent Resident U.S. Citizen?

## Section 2 – Academic Information

<p><b>Institutional Information</b>  <i>(Please attach a copy of your Transcripts and Curriculum Vitae to the application.)</i></p>
Educational Institution Affiliation:
Year in High School:
Overall GPA:
Expected Graduation:
Research Interests:

Arabic Language Courses Taken	From (mo/yr) To (mo/yr)	Location	Level

### Academic References

Please request a Letter of Recommendation from a teacher/mentor best qualified to speak for your ability to profit from this overseas experience, and indicate the following:

Teachers' Title/Name:
Department:
Phone:
Email:

### Statement of Purpose

Please discuss your interest in the Middle East, describe instances of the initiative and collaborative skills in working with a team in new and different environments, and what the applicant hopes to gain from volunteering in community service projects in Oman. (Limit to 500 words or less.)

## Section 3 – Health Information

### *Health Clearance Form*

Name of Applicant:
Name of Physician:
Address of Physician:
Telephone:

#### **CONFIDENTIAL MEDICAL HISTORY REPORT**

(To be filled out by the applicant)

Have you ever had any of the following conditions? If so, indicate in the space provided your age at the time you first began having symptoms:

Asthma:	Hepatitis:	Poliomyelitis:
Bronchitis:	Heart Disease:	Rheumatic Fever:
Diabetes:	Kidney Disease/Infection:	Thyroid Disorder:
Dysmenorrhea:	Mononucleosis:	Tuberculosis:
Encephalitis:	Nervous Disorders:	Ulcers:
Epilepsy:	Pleurisy:	Other:

Do you have a tendency toward recurrent respiratory infections?

Give details of any prolonged illness over the past three (3) years:

Give details of any surgery or fractures in the past three (3) years:

Give details of any mental or emotional problems requiring the care of a professional in the past three (3) years:

Do you have any severe allergies? Please list:

Do you require regular medication for any reason? Please explain:

Do you have any physical disabilities (including vision and hearing problems) for which separate medical treatment or arrangements will be necessary? Please explain:

**I certify that the above is a true statement of my medical history, past and present. I feel that I am physically and emotionally able to carry on a full course of study abroad.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Students will be required to sign and date Medical Information and Waiver during AMEI Interview)*