

Cadet Application for Military Partnership Programs

Please complete in blue or black ink

Personal Information

First Name: _____	Gender:	Female	Male	
Middle Name: _____	Date of Birth:	____/____/____		
		month day year		
Last/Surname: _____				
Email: _____	Cadet Rank:	_____		
Country of Citizenship: _____				
Permanent Address: _____				
(Foreign Non-US)				

Military Academy/University Information

School Name: _____

Mailing Address: _____

School Administrator
Name: _____

Email: _____

Phone #: _____

Visa Type you are seeking:

% J-1 1 \$ 7 2

Semester Term of Entry:

Fall 20____

Spring 20____

Please mail application to:

University of North Georgia
Attn: Center for Global Engagement
82 College Circle
Dahlonega, GA 30597

Email: anthony.fritchle@ung.edu

Phone # 1-706-867-3166

I certify to the best of my knowledge, the information submitted on this application is true and complete.

Signature

Date