

# 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:	____/____/____		
Last/Surname: _____		month	day	year
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