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Center for International Affairs

BIOGRAPHICAL FORM

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender:     Male     Female

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Email (Required): \_\_\_\_\_

U.S. Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home country: \_\_\_\_\_

Phone: \_\_\_\_\_

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**Emergency Contacts**

Please list the names of two relatives or close friends in the U.S. who we may contact in case of an emergency:

1) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone/ E-mail: \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone/ E-mail: \_\_\_\_\_

