

# 2018 Application

## Advanced Research Internship Program (ARIP)

### APPLICANT (STUDENT) INFORMATION

Student Information			
<b>1. Full Name</b> (as it appears on passport)	Last Name/Surname	First Name	Middle Name
<b>2. Date of Birth</b> (MM/DD/YYYY)		<b>3. Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>4. Nationality</b>		<b>5. Current Grade (2017-2018):</b>	
<b>6. Permanent Address</b>			
Address _____			
City _____ State/Province _____ Zip _____ Country _____			
<b>7. Contact Numbers:</b> (Mobile) _____ (E-mail) _____			

### SCHOOL/ACADEMIC INFORMATION

<b>Current School Name:</b>
<b>8. School Address:</b>
<b>9. School Phone Number:</b>
<b>10. Current GPA (Grade Point Average):</b> <span style="float: right;"><input type="checkbox"/> Un-weighted Avg. / <input type="checkbox"/> Weighted Avg.)</span>
<b>11. Location Preference</b> (Please select the preferred location(s))
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Univ. of Southern California (USC)</p> <p>Boston University (BU)</p> </div> <div style="width: 45%;"> <p>The George Washington University (GWU)</p> <p>University of Chicago (U of C)</p> </div> </div>

### PARENTS INFORMATION

Father			
Full Name	Last/Surname:	First:	Middle:
Address			
Phone Numbers	Cell:	Email:	
Mother			
Full Name	Last/Surname:	First:	Middle:
Address			
Phone Numbers	Cell:	Email:	

**EMERGENCY CONTACT INFORMATION**

<b>Name:</b>		<b>Relationship:</b>
Contact Number	Cell: Work:	Email)
<b>Name:</b>		<b>Relationship:</b>
Contact Number	Cell: Work:	Email)

I hereby certify that all of the information I have provided on this application and submitted is true and correct to the best of my knowledge. I understand that any form of intended misrepresentation will result in being removed from consideration for this research internship.

Parent Signature x) \_\_\_\_\_ Date \_\_\_\_\_

Student Signature x) \_\_\_\_\_ Date \_\_\_\_\_

*If you desire to apply by mail, please return completed Application to:*

**AGM Institute, LLC**  
**7700 Little River Turnpike, Suite 407**  
**Annandale, VA 22003**  
**E-mail: [contact@agminstitute.org](mailto:contact@agminstitute.org)**  
**Phone) 1-571-765-7839 (International use ONLY)**  
**1-866-717-0014 (US & Canada ONLY)**  
  
**(070)4498-1562 (Korea ONLY)**

<b><i>For office use Only:</i></b>			
Date Received		D.D.P	
Application		D.F.P	
Other		Admission result	