

2019 Application

Advanced Research Internship Program (ARIP)

APPLICANT (STUDENT) INFORMATION

| Student Information | | | |
|---|-------------------|--------------------------------------|---|
| 1. Full Name <small>(as it appears on passport)</small> | Last Name/Surname | First Name | Middle Name |
| 2. Date of Birth <small>(MM/DD/YYYY)</small> | | 3. Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 4. Nationality | | 5. Current Grade (2018-2019): | |
| 6. Permanent Address | | | |
| Address _____ | | | |
| City _____ State/Province _____ Zip _____ Country _____ | | | |
| 7. Contact Numbers: (Mobile) _____ (E-mail) _____ | | | |

SCHOOL/ACADEMIC INFORMATION

| |
|--|
| Current School Name: |
| 8. School Address: |
| 9. School Phone Number: |
| 10. Current GPA (Grade Point Average): <input type="checkbox"/> Un-weighted Avg. / <input type="checkbox"/> Weighted Avg.) |
| 11. Location Preference <small>(Please select the preferred location(s))</small> |
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: left;"> <p>Univ. of Southern California (USC)</p> <p>Boston University (BU)</p> </div> <div style="text-align: left;"> <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

| | | |
|----------------|----------------|----------------------|
| Name: | | Relationship: |
| Contact Number | Cell: Work: | Email) |
| Name: | | Relationship: |
| 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
Phone) 1-571-765-7839 (International use ONLY)
1-866-717-0014 (US & Canada ONLY)

(070)4498-1562 (Korea ONLY)

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