## **InteRDom Student Enrollment Checklist:**



### **Documents Required for Acceptance:**

Note: ALL documents must be submitted in their <u>original</u> formats. Faxed, scanned or emailed documents cannot be accepted unless otherwise stated.

|       | InteRDom Enrollment Form (attached)   |
|-------|---|
|       | Resume and cover letter   |
|       | UNIBE Enrollment Form (if you will be taking a class)   |
|       | Copy of Passport  |
|       | 4 passport-style photos   |
|       | *Certificate of Good Conduct  |
|       | **Certificate of Good Health  |
|       | Academic Record (Transcript)  |
|       | Recommendation letter from faculty (sent in original form or via email as a Microsoft Word attachment with digital signature) |
|       | Passport Photo in high-resolution jpg format  |
|       | Sponsor letter or proof of funds available to pay program fees  |
|       | \$150 application fee   |
| Other | Requirements (sent to you by InteRDom after acceptance into the program).   |
|       | Housing Agreement (if necessary)  |
|       | T-shirt Request Form  |
|       | Cell Phone Request Form   |
|       | Interview Publication Agreement   |
|       | Waiver and Release  |
|       | Health Insurance Form   |
|       |   |

## Deadline to submit your application documents

Program start date Application documents must be received in the InteRDom office by

June April 15<sup>th</sup> September July 15<sup>th</sup>

January November 15th May February 15<sup>th</sup>

All payments should be received 20 days before travel. Please make a Check or money order payable to GLOBAL FOUNDATION FOR DEMOCRACY AND DEVELOPMENT.

#### Mailing address:

Global Foundation for Democracy and Development InteRDom Program 780 3<sup>rd</sup> Avenue Suite 1903.
New York, NY 10017.

Email: interdom@interdominternships.org

**Telephone:** 212 – 751 – 5000 **Fax:** 212 – 751 – 7000

<sup>\*</sup> The Certificate of Good Conduct is either a letter or a background check issued by your local or campus police precinct stating that you have no criminal history and are free to travel outside the country

<sup>\*\*</sup> The Certificate of Good Health is a doctor's note issued within six (6) months of your travel date listing any medical conditions you may have, and stating whether or not you are fit to travel. Immunization records will not be accepted.



# **Application Form**

| Preferred Program                    |   |              |          |            | Start Date                   |
|--------------------------------------|---|--------------|----------|------------|------------------------------|
|                                      | Professional Semester (22 weeks)                                    |              |          |            | September / January          |
|                                      | Professional Year (32 or 48 weeks)                                  |              |          |            | September / January          |
|                                      | Fellows Program (10 or 12 weeks)                                    |              |          |            | May / June / Sept. / January |
|                                      | InteRDom Academic Semester (15 weeks)                               |              |          |            | January / June / September   |
|                                      | Caribbean Summer Program (10 weeks)                                 |              |          |            | June                         |
|                                      | Program for Graduate and Gap Year Students (10, 12, 22 or 32 weeks) |              |          |            | January / June / September   |
| Name:                                |   |              |          |            |                              |
| Last name:                           |   |              |          |            |                              |
| Sex:                                 | Female  | Male         |          |            |                              |
| E-mail:                              |   |              |          |            |                              |
| Telephone number(s):                 |   |              |          |            |                              |
| Cellular number:                     |   |              |          |            |                              |
| Address:                             |   |              |          |            |                              |
| City:                                |   |              |          |            |                              |
| Country:                             |   |              |          |            |                              |
| Nationality:                         |   |              |          |            |                              |
| Date of birth:                       |   |              |          |            |                              |
| Civil status:                        | Single  | Married      |          |            |                              |
| University or Employer:              |   |              |          |            |                              |
| Major and University year:           |   |              |          |            |                              |
| Languages Spoken:                    |   |              |          |            |                              |
| Allergies (food, medication, etc.)   |   |              |          |            |                              |
| Level of Spanish:                    | Basic   | Intermediate | Advanced | Don't know |                              |
| How did you find out about InteRDom? |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
| Describe your areas of interest:     |   |              |          |            |                              |
| •                                    |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
|                                      |   |              |          |            |                              |
| Signature:                           |   |              |          |            |                              |
| Poto                                 |   |              |          |            |                              |
| Date:                                |   |              |          |            |                              |



# **UNIBE Enrollment FORM**

| First name                     |                      |
|--------------------------------|----------------------|
| Last name                      |                      |
| Last Harrie                    |                      |
| Gender                         |                      |
|                                |                      |
| Birthplace (City/Country)      |                      |
| Carreton of attinguables       |                      |
| Country of citizenship         |                      |
| Country of residence           |                      |
| Country of residence           |                      |
| Social security number         |                      |
| Toolar sessame, mammes         |                      |
| Passport number                |                      |
| ·                              |                      |
| University of origin – country |                      |
|                                |                      |
| Permanent address              |                      |
| Street                         |                      |
| City                           |                      |
| Country                        |                      |
| Zip code                       |                      |
| Telephone                      |                      |
| Fax                            |                      |
| Email address                  |                      |
|                                |                      |
| Contact in case of amountains  |                      |
| Contact in case of emergency   |                      |
|                                |                      |
| Telephone                      |                      |
| •                              |                      |
| Email address                  |                      |
|                                |                      |
| Semester                       | September - December |
|                                | May – August         |
|                                | January – April      |
| Year                           |                      |
|                                |                      |
|                                |                      |
| Signature                      |                      |
| Data                           |                      |
| Date                           |                      |

### By signing this form you agree that you understand the terms and conditions of the InteRDom program:

- 1) The student is solely responsible for submitting original and verifiable information by the deadlines stated on page 1.
- 2) The student should file this application with the support of an academic advisor to make sure that his/her program selection fit his/her academic requirements.
- 3) The ministry of education of the Dominican Republic requires that all international students submit ORIGINAL documentation.
- 4) The student understands that admission in the program will be subject to InteRDom criteria based on academic background and references, language abilities and the availability of resources to finance the experience.
- 5) The student understands that he/she is applying to the InteRDom program voluntarily based on his/her interest in the Dominican Republic and the Caribbean region, and in receiving professional experience and transferring credits to his/her home institution.
- Application to InteRDom has a US\$150 fee that should be submitted with formal application package. See page 1 for mailing information.
- 7) The student understands that he/she should confirm his/her participation in the program by email no more than 10 days after receiving the internship proposal. The confirmation of his/her participation should be sent to this email address: <a href="mailto:interdom@interdominternships.org">interdom@interdominternships.org</a>
- 8) The student is responsible for following-up on the application and requesting as much information as necessary from the program's representatives.
- 9) Internship proposals are normally sent 3-4 weeks after receiving a completed application. The student is responsible for accepting the proposal after discussing the document with the internship coordinator. If the student fails to confirm his/her acceptance, no guarantee will be given for his/her
- d

| 1        | participation in the internship.   |
|----------|--|
| =        | InteRDom reserves the right to cancel or interrupt the admissions process if the information submitte is not reliable or incomplete. |
|          |  |
| Student' | s name   |
| Signatur | e  |
| Date     |  |
|          |  |