



Walter H. Judd International Graduate & Professional Fellowships 2009-2010 Application

General Information

Name _____
Last First

U of M I.D. number _____

Birthdate (*for medical insurance purposes*) _____ Gender (*for statistical purposes*) Female Male

Degree name (ex: D.V.M., M.A.) _____ College _____

Field of study/specialization _____

Beginning date of enrollment _____ Anticipated completion date of degree requirements _____
month/year month/year

Country of citizenship _____ E-mail address _____

Current street address _____ Phone _____
 City _____ Country/State _____ ZIP/Postal Code _____

Permanent street address _____ Phone _____
 City _____ Country/State _____ ZIP/Postal Code _____

Emergency contact (*someone who will know how to contact you at all times*) _____

Contact's street address _____ Phone _____
 City _____ Country/State _____ ZIP/Postal Code _____

Project Proposal

Proposed country of study _____ City or region _____

Proposed dates of study in country (minimum 21 days) _____

Proposed project (*100 words or less*) _____

Type of project: Research* Internship/Study (*See guidelines for activities supported in each category.*)

Arrangements: I arranged the curriculum or itinerary of this project myself. This program has a pre-arranged curriculum or itinerary.

* **Note:** If research, be advised that you are responsible for obtaining any clearances or permissions, such as travel clearance from the foreign government or human subjects approval from the University. If required, and you have official clearance documents at the time of application, please include them. **Judd Fellowship recipients must submit official clearance documents prior to receiving the award from OIP.**

International Experience

Please describe any secondary or post-secondary international travel or study.

Postsecondary Education

List all postsecondary institutions attended prior to current graduate/professional program.

<i>Institution</i>	<i>Dates Attended</i>	<i>Degree/Certificate</i>	<i>GPA*</i>
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**If grade point average was not calculated, include external examination results or other indication of academic performance.*

List any scholarships, grants, fellowships, or other awards you have held (including any currently held), amounts, and dates.

Student Statement

- I certify that all statements made on this application and all other application materials are complete, true, and accurate to the best of my knowledge. I will inform the Office of International Programs of any changes.
- I understand that if I receive the Walter H. Judd International Graduate & Professional Fellowship, it cannot duplicate another award received for the project.
- I understand that if I receive an award, I am required to submit a report within two months of my return to the Office of International Programs (see guidelines for a description) **and** participate in the Judd Fellows poster session in October 2010.
- I understand that I am responsible for obtaining any clearances or permissions, such as travel clearance from the foreign government or human subjects approval from the University.

Applicant's signature _____ Date _____

Submit this application to:

Ms. Meaka Henningsen, Office of International Programs, 100 University International Center, University of Minnesota, 331 17th Avenue SE., Minneapolis, MN 55414. Telephone (612) 626-9123.