Cadet Application for Military Partnership Programs

Please complete in blue or black ink

Personal Information

First Name: _____ Gender: Female Male

Middle Name: _____ Date of Birth: _____/_____/_____
month day year

Last/Surname: _____

Email: _____ Cadet Rank: _____

Country of Citizenship: _____

Permanent Address: _____
(Foreign Non-US)

_____

_____

_____

Military Academy/University Information

School Name: _____

Mailing Address: _____

_____

_____

_____

School Administrator Name: _____

Email: _____

Phone #: _____

Visa Type you are seeking:

% J-1 1 $ 7 2

Semester Term of Entry:

Fall 20____

Spring 20____

Please mail application to:

University of North Georgia
Attn: Center for Global Engagement
82 College Circle
Dahlonega, GA 30597

Email: anthony.fritchle@ung.edu

Phone # 1-706-867-3166

I certify to the best of my knowledge, the information submitted on this application is true and complete.

_____ _____
Signature Date

,I \RX QHHG WKLV GRFXPHQW DWH IRUPDW IRU DFFHVVLELOLW\ SXUSRVHV H J %UDLO
7RQ\ )ULWFKOH DW DQWKRQ\ IULWFKOH#XQJ HGX RU 25 6*0 5HW 7HUU\ %D