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Application for Robert M. Immerman Professional Fellows Program

Part I: Personal Information

First Name: MI: Last Name:
 E-mail: Date of Birth: Gender: M F

Current Address

Street:
 City: State: Zip Code: Country:
 Telephone: Fax:

Permant Address (Please enter if different from your current address)

Street:
 City: State: Zip Code: Country:
 Telephone: Fax:

Citizenship and Visa

Place of Birth:

Country of Citizenship:

Country of Permanent Residence:

Has the applicant been in J exchange visitor status (J-1 or J2) within the last two years?: Yes No

If yes, does the applicant have a two-year residency requirement to fulfill?: Yes No

Has the applicant been in the US in the last twleve months in J exchange visitor status?: Yes No

Academic History

| Name of Institution | Graduation Date | Major/Concentration | Degree |
|---------------------|-----------------|---------------------|--------|
|---------------------|-----------------|---------------------|--------|

Part II: Professional Information

Employer:

Professional Title:

Office Address

Street:

City:

State:

Zip Code:

Country:

Telephone:

Fax:

Part III: Application

Program Category (check one only)

Professional Fellow

Professional Associate

Program Length (check one only)

Six Months

One Year

Proposed program period: _____ to _____

Research Topic:

Part IV: Dependent Information

First Name

Last Name

Relationship

Date of Birth

City, Country of Birth

Country of Citizenship