

INSTITUTE FOR THE GLOBAL PRACTICE OF LAW
SUMMER 2011
APPLICATION



Name _____

BUSINESS INFORMATION

Title _____ Firm/Company _____

Business Address _____

City _____ Country _____

Work Telephone _____ Work Fax _____

Work Email _____

PERSONAL INFORMATION

Home Address _____

City _____ Country _____

Home Telephone _____ Mobile Telephone _____

Personal Email _____

Country of Citizenship _____ Date of Birth _____ ☐ Male ☐ Female

EDUCATION (COLLEGE/GRADUATE SCHOOL):

Location _____ Degree _____ Year Conferred _____

EMPLOYMENT HISTORY

PROFESSIONAL ACTIVITIES

EMERGENCY CONTACT INFORMATION

Person to Notify in Case of Emergency _____

Name, Address, Telephone, Email, Relationship to You _____

I confirm that the information contained in the applications materials is true. I will be responsible for observing satisfactory academic and professional standards, for maintaining a proper standard of personal conduct, and will be personally liable for all debts and obligations personally incurred. I will obey all laws of the United States and the State of Ohio.

Signature _____ Date _____

Return to:

College of Law — **Institute for the Global Practice of Law**

University of Cincinnati

PO Box 210040

Cincinnati, OH 45221-0040 USA

Phone: 1-513-556-6805

Email: IGPL@law.uc.edu

Fax: 1-513-556-2391