

RISING COLLEGIATE LEADERS SUMMER LEADERSHIP PROGRAM

**The University of Mississippi Lott Leadership Summer 2008
STUDENT INFORMATION FORM**

NAME

First Middle Last Name preferred

Major: _____ Minor: _____

Classification: _____ Expected graduation: _____

ADDRESS WHILE IN SCHOOL

Street

City State ZIP Code

Phone: _____ E-mail: _____

PERMANENT ADDRESS

Street

City State ZIP Code

NOTE: It is your responsibility to inform The University of Mississippi Study Abroad Office of any changes to your address or phone number (especially at school). You may fail to receive critical information on dates, visas, prices, travel advisories, or last-minute changes if we can't reach you.

PERSONAL

Place of birth: _____
City State Country

Date of birth: _____ Sex: Male Female Social Security number: _____

Passport number: _____

Country of citizenship: _____ Age: _____