NAME OF YOUR INSTITUTION:

Please note that within three weeks of our receiving your application, you will receive confirmation from the Institute Organizing Committee regarding your acceptance. For assistance and other information, please contact Richard Porter via phone at 617-373-5635, or via email at r.porter@neu.edu. Applications received after March 1 will be considered if space is available.

CONTACT PERSON AND TEAM MEMBERS

Contact person:
Title:
Phone:
E-mail:
Mailing Address:
Will the contact person be participating in the Institute?
Team Members*
Name:
Title:
E-mail:
Mailing Address:

Name:
Title:
E-mail:
Mailing Address:

Name:
Title:
E-mail:
Mailing Address:
*Names can be transferred to other members of your institution.

**CURRENT AND ANTICIPATED PROGRAMS:** Place an X in the columns below to indicate current or anticipated Global and Experiential Education programs.

<table>
<thead>
<tr>
<th>Currently Offered</th>
<th>Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Abroad</td>
<td></td>
</tr>
<tr>
<td>Service-Learning</td>
<td></td>
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<tr>
<td>Internships</td>
<td></td>
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<tr>
<td>Undergraduate Research</td>
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</table>

<table>
<thead>
<tr>
<th>Currently Offered</th>
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<tbody>
<tr>
<td>International Service-Learning</td>
<td></td>
</tr>
<tr>
<td>Cooperative Education</td>
<td></td>
</tr>
</tbody>
</table>
International Cooperative Education
Community Service
Global Partnerships
Community-Based Research
Other:

**NARRATIVE:** Your narrative below should be concise, no more than a page or two, double spaced. Please address the following:

**A. Brief Description of Your Institution Including the Number of Students, the Institution’s Mission, and the Ways in which you see Global and/or Experiential Programs Supporting that Mission.**

**B. Brief Description of Current Global and/or Experiential Program(s):**

**C. Opportunities for Change:** (What do you see as the most important opportunity for change to advance global and/or experiential education at your school?)

**D. Barriers:** (What are the one or two most significant barriers to realizing this opportunity at your school?)

**SUBMIT:** The preferred method of submission is to attach your application as a Word file (in either rtf, doc, or docx formats) in an e-mail to Richard Porter at r.porter@neu.edu. Alternately, you can send hard copy of your application to Richard Porter, Northeastern University, Department of Mathematics, 567 Lake Hall, Boston, MA 02115 (USA). If you choose to submit by regular mail, please send an e-mail notification of this to Richard Porter.

Visit the Institute website at [www.waceinc.org/institute/index.htm](http://www.waceinc.org/institute/index.htm) and contact Richard Porter by phone at 617-373-5635 or by e-mail at r.porter@neu.edu to discuss any additional information that may be helpful.

**THANK YOU FOR YOUR APPLICATION**