



RUSSIAN LANGUAGE INSTITUTE ABROAD

SEMESTER: SPRING SUMMER FALL YEAR: _____
COURSE: BASIC INTERMEDIATE* ADVANCED*
*Pending receipt of oral proficiency exam

PERSONAL INFORMATION:

Name (Last) (First) (Middle Initial) (Preferred Name)

Current Address

City State Zip Code

Phone (Home) (Work) E-mail Address

PERMANENT ADDRESS (If different from above)

Address City State Zip Code

DATE OF BIRTH _____ AMERICAN CITIZEN: Yes No _____
(If not, which country)?

MARITAL STATUS: Single Married Engaged Divorced Separated Widowed

NO. OF CHILDREN: _____ AGE(S): _____ PERCENTAGE OF SUPPORT CURRENTLY RECEIVING: _____

EDUCATIONAL BACKGROUND:

High School City/State Date of Graduation

College/University City/State Date of Graduation Degree

College/University City/State Date of Graduation Degree

TO WHAT EXTENT HAVE YOU PREVIOUSLY STUDIED RUSSIAN? _____ HOW LONG? _____

INSTITUTION OR METHOD _____ DEGREE OF FLUENCY: Poor Fair Good Fluent

OTHER LANGUAGE(S) STUDIED: _____

PLEASE DESCRIBE ANY OTHER RELATED EDUCATIONAL OR CROSS-CULTURAL EXPERIENCE:

GOALS RELATED TO LEARNING RUSSIAN:

WITH WHICH ORGANIZATION ARE YOU CURRENTLY SERVING OVERSEAS?

PLEASE DESCRIBE YOUR ROLE WITH THIS ORGANIZATION:

SPIRITUAL BELIEFS:

IN YOUR OWN WORDS, DESCRIBE WHO YOU BELIEVE JESUS IS: _____

BRIEFLY DESCRIBE HOW YOU BELIEVE SALVATION OCCURS: _____

IS ALL SCRIPTURE INSPIRED BY GOD? PLEASE EXPLAIN: _____

HAVE YOU BEEN BAPTIZED? _____

HOW LONG HAVE YOU BEEN A CHRISTIAN? _____

EMERGENCY CONTACT INFORMATION

WHO SHOULD WE CONTACT IN THE EVENT OF AN EMERGENCY? _____

RETURN THIS APPLICATION WITH A \$50.00 REGISTRATION FEE TO:

Institute of Strategic Languages and Cultures • P.O. Box 212667, Columbia, SC 29221-2667

(800)799-7976 • (803)333-9119 • Fax: 803-333-9117 • E-mail: islcoffice@strategiclanguages.org • www.strategiclanguages.org

Signature

Date

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