



Grantee Information

LASPAU requires information about your current address, host institution, academic advisor, and emergency contact. Please complete, sign and send the **two** pages of this form via scanned e-mail attachment or fax to your LASPAU program advisor within **30** days of the start of your program.

PERSONAL INFORMATION

Grantee name (as it appears in passport): _____
Last name(s) *First name(s)*

Home country: _____

LASPAU program advisor: _____
First name *Last name*

Current residential address at place of study: _____
Number and street

City *State/Province* *Country* *Postal/Zip code*

Telephone numbers: _____
Home *Office/Work*

Email address: _____

U.S. Social Security number (if applicable): _____

HOST INSTITUTION INFORMATION

Host institution: _____ Host country: _____

Department: _____ Major field of study: _____

Date when academic program began: ____ / ____ / ____ Expected completion date: ____ / ____ / ____
mm dd yyyy *mm dd yyyy*

Expected degree (if applicable): _____ Univ. student I.D. # (if applicable): _____
(B.A., M.A., Ph.D., Cert., Non-degree)

ACADEMIC ADVISOR/SUPERVISOR

Name and title: _____

Relationship to grantee (if not advisor): _____

Office address: _____
Number and street

City *State/Province* *Country* *Postal/Zip code*

Email address: _____ Office hours: _____

Contact numbers: _____
Phone *Fax*

EMERGENCY CONTACT (not a LASPAU staff member)

Name: _____ Relationship to you: _____

Address: _____
Number and street

City *State/Province* *Country* *Postal/Zip code*

Telephone number: _____ Email: _____



