SECURE INFORMATION SYSTEMS MENTORING AND TRAINING PROGRAM
Application Form

Submit this application, your cover letter, your transcript and any other supporting materials between ***December 15, 2011*** *and* ***February 15, 2012*** *by email to* [*info.ists@dartmouth.edu*](mailto:info.ists@dartmouth.edu)*. Be sure that your mentor professor submits his or her letter of support and recommendation by the same date.*

Name: _____ _____ _____   **Gender:** _____
                     First   **Middle**   **Last**

School Address: _____

E-mail: _____   **Telephone:** _____

Home Address (required): _____

Citizen of (Country): _____ **Permanent Resident of (Country):** _____

Anticipated Class Status (Fall 2012): _____

Expected Graduation Date: _____

Location: _____   **Host Organization:** _____

Major: _____   **Minor:** _____

Courses taken which provide particular background for SISMAT:

_____ _____ _____ _____

Related Work Experience (if applicable): _____

Extracurricular Activities (if applicable): _____

Honors/Awards: _____

Faculty Recommender and Contact Info: _____

_____

I hereby certify that all the information provided on this application and the supporting documents is correct, and if any of the information changes, I will notify ISTS in a timely manner.

_____   _____

Applicant Signature   **Date**

Submit one copy of all application materials to ISTS at info.ists@dartmouth.edu by the application deadline
Late &/OR incomplete applications may not be accepted