

PARTICIPANT PROFILE Please complete this form and send it to alina.opreanu@gtl.gatech.edu

First Name: _____ Middle Name: _____

Last Name: _____ GT ID: _____

Current Mailing Address: _____

E-mail: _____ Phone number: _____

Undergraduate Institution: _____

Degree: ___ MS ___ PhD **School:** ___ CS ___ ECE ___ ME ___ Other

What semester(s) will you study at GTL: _____

How many credit hours will you take per semester? See below. _____ Credit Hours

2 Semesters at Georgia Tech-Lorraine + 1 Semester at Lorraine or Atlanta <i>(International students)</i>		
GT-Lorraine	Fall	9 credit hours
GT-Lorraine	Spring	9 credit hours
GT-Lorraine or Atlanta	Fall	12 credit hours <i>(Full-time required for US F-1 visa)</i>

1 Semester at Georgia Tech-Lorraine <i>(US students)</i>		
GT-Lorraine	Fall/Spring	9 or 12 credit hours; 6 credit hours <i>(if final semester)</i>

Citizenship: _____ Date of Birth (*Day-Month-Year*): _____

Place of Birth (City, State, Country): _____

Passport Number: _____ Expiration Date: _____

Knowledge of French: ___ Non-existent ___ Beginner ___ Intermediate ___ Advanced

Are you receiving financial aid or a scholarship? ___ Yes ___ No

Name and amount of scholarship? _____

What health insurance do you have? _____

Does this insurance provide coverage outside of your home country? ___ Yes ___ No

Does it cover emergency evacuation and repatriation of remains? ___ Yes ___ No

Do you want to share your e-mail with other participants? ___ Yes ___ No

How did you learn about the Georgia Tech-Lorraine Graduate Program? _____