

**JIFSAN RISK ANALYSIS SUMMER INTEGRATED PROGRAM
APPLICATION FOR COURSE TUITION FELLOWSHIP**

Print or type your first and last name as you would like it to appear on your course certificate:

LAST: _____ M.I. _____ FIRST: _____

ORGANIZATION/AGENCY: _____

DEPARTMENT/CENTER: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PROVINCE/COUNTRY: _____

TELEPHONE: () _____ - _____ FAX: () _____ - _____

EMAIL ADDRESS: _____

Have you taken other JIFSAN Risk Analysis courses? Yes No. If yes, list the courses you took:

I do understand that JIFSAN will be only providing the funds to pay for the course registration/tuition. I am responsible for other expenses related to this course as well as travel visas (if applicable).

Signature: _____ Date: _____

Reminder: In addition to this form, please remember to attach:

- 1. Statement of interest (1 page)*
- 2. Proof of funds to pay for travel expenses*
- 3. Proof of knowledge of basic statistics and proficiency in Microsoft Excel*