1. Contact Information

Please note: Please submit your full legal name as it appears on your passport.

First Name	Middle Name
Last Name	Address
City	Sta t e
Zip	Phone Number
Email Address	City & State of Birth
Date of Birth (mm/dd/yyyy)	Citizenship
Gender Female Male Non-Binary Prefer not to	Institution Name
Institution City	Institution State
Years in Current Position	Teaching Experience -Total Years

3. Have you ever been convicted of a crime?

is excludes minor misdemeanors such as tra ic violations. Please note that AATG will run a background eck on the applicant who is selected as academic director.
Ye
□ □ s
No No
If yes, please elaborate.
1. Please describe why you are interested in being the academic director rour College Summer Program.

	2. Describe your nersion program.	experience	running	a stud	y abroad	or language
If not	t applicable, please describ	e how this experie	nce will impa	ct your pro	ofessional deve	elopment.
	3. Describe a time dent. What was you		had to s	olve a	problem i	nvolving a
)				

5. 4. Discuss your experience working with studer from di erent cultural backgrounds.	nts and colleagues
5. 5. The academic director typically teaches a topics in Bonn, on a topic/theme connected to the city and s Briefly describe which topics you would like to explo	urrounding region.

8. Professional References

Please enter the names, institutional a iliation and contact information (email & phone number) for two professional references.

Reference 1 - Full Name	Reference 1 - Email
Reference 1 - Phone Number	Reference 1 - Institution
Reference 2 - Full Name	Reference 2 - Email
Reference 2 - Phone Number	Reference 2 - Institution
Reference 2 - Priorie Number	Reference 2 - Institution