

**THE GOETHE-INSTITUT INTER NATIONES E.V.  
AND  
MILLERSVILLE UNIVERSITY OF PENNSYLVANIA**

**TEACHER TRAINING SEMINAR CREDIT APPLICATION**

PLEASE TYPE OR PRINT. ALL ITEMS MUST BE COMPLETED UNLESS OTHERWISE NOTED.

**I. GENERAL INFORMATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Social Security number; Day Month Year Ethnicity  
if MU student, use MU ID #) Date of Birth

\_\_\_\_\_  
Last name First name Middle initial

\_\_\_\_\_  
Previous name, if any U.S. Citizen: Yes\_\_\_\_ No\_\_\_\_ Gender: M/F\_\_\_\_

\_\_\_\_\_  
Permanent Mailing Address/Street

\_\_\_\_\_  
City State Zip code

Home phone: (\_\_\_\_\_) \_\_\_\_\_ ---- \_\_\_\_\_  
Area code Phone number

E-mail address: \_\_\_\_\_

Are you currently affiliated with a specific school and school district? If so, please identify and provide address below:

Name of Institution: \_\_\_\_\_  
Name of District: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**II. GOETHE COURSE INFORMATION**

Teacher Training Seminar (s) \_\_\_\_\_

Check One: \_\_\_\_\_ LANDESKUNDE SEMINAR  
\_\_\_\_\_ LANDESKUNDE SEMINAR + METHODIK UND DIDAKTIK

TITLE: \_\_\_\_\_ CITY: \_\_\_\_\_

NUMBER OF WEEKS: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(day/month/year) (day/month/year)

