

The LEVIN Institute

STIR APPLICATION FORM

PERSONAL INFORMATION

FIRST NAME: _____
MIDDLE NAME: _____
FAMILY NAME: _____

ADDRESS _____ PRIMARY PHONE: _____
_____ SECONDARY PHONE: _____
_____ EMAIL: _____
_____ WEBSITE: _____

ACADEMIC

<i>GRADUATE</i>	<i>UNDERGRADUATE</i>
UNIVERSITY: _____	UNIVERSITY: _____
INTENDED DEGREE: _____	GRADUATION DATE: _____
GRADUATION DATE: _____	MAJOR(S)/ MINOR(S): _____
CURRENT GPA: _____	GPA: _____
CURRENT COURSES: _____	

To be considered for the STIR program, please complete this application form and submit it along with your personal statement, resume, transcript, academic reference and personal reference to:

Dr. Maryalice Mazzara, Program Director

maryalice.mazzara@levininstitute.org

The LEVIN Institute

116 East 55th St.

New York, NY 10022