

# The VENETO EXPERIENCE APPLICATION FORM

NAME: \_\_\_\_\_

Tel # Local: \_\_\_\_\_ email: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Year: \_\_\_\_\_ Major \_\_\_\_\_

## CONTACT ADDRESS:

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

## HOME ADDRESS (Parent/Guardian):

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Tel.# \_\_\_\_\_ email: \_\_\_\_\_

## Your Field of Study & Interest:

\_\_\_\_\_

## REFERENCE: Name & Dept. of 2 Faculty who can provide reference:

1. \_\_\_\_\_ email: \_\_\_\_\_

2. \_\_\_\_\_ email: \_\_\_\_\_

## How/from Whom did you hear about this program?

\_\_\_\_\_

- Submit this Application Form by emailing to: Shun Kanda <kanda@mit.edu>
- You may attach your Resumé and a Personal Statement if you wish.  
Following receipt of this Application Form, follow-up information will be provided.