

INTERNATIONAL STUDENT AMBASSADOR APPLICATION
UL LAFAYETTE – OFFICE OF INTERNATIONAL AFFAIRS



PERSONAL INFORMATION	
First Name:	Last Name:
Middle Name:	Nickname: ULID:
Home Country:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: <u> </u> / <u> </u> / <u> </u> <small>Month Date Year</small>	Languages Spoken:
Major:	Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral
Credit Hours Completed:	Cumulative GPA:
	Expected Graduation Semester/Year:
Campus Involvement:	Current Address:
U.S. Phone:	Email:

AVAILABILITY							
TIMES	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
8:00 – 9:00 am							
9:00 – 10:00 am							
10:00 – 11:00 am							
11:00 – 12:00 pm							
12:00 – 1:00 pm							
1:00 – 2:00 pm							
2:00 – 3:00 pm							
3:00 – 4:00 pm							
4:00 – 5:00 pm							
Evenings (indicate times)							

I can legally drive in the U.S. Yes No I have my own transportation. Yes No

ABOUT YOU

1. Why are you interested in becoming an International Student Ambassador?

2. Describe your experience when you first enrolled at UL Lafayette. How do you think this experience will help you to assist new international students?

3. What are your educational plans, career objectives and personal goals beyond completing your degree at UL Lafayette?

SELF ASSESSMENT OF SKILLS

Please evaluate yourself on each of the following by selecting one of the choices to the right:	Excellent	Very Good	Good	Average	Poor
Responsibility					
Leadership ability					
Time management/organizational skills					
Commitment/Dedication					
Communication skills in English (verbal)					
Cultural sensitivity					
Punctuality					
Ability to follow direction					

SIGNATURE AND DATE

By signing this form, I verify that all of the information provided is correct and factual.

Signature

Date

Print Name

Please return this form along with a current photograph (jpg headshot) to: oia@louisiana.edu