



Application: Northeast Experience – Hartwick College

New Application					
Intake		August 20	_		February 20
About You					
Please type or write your	name	e exactly as it is	s in	your passport.	
First Name					
Middle Name(s)					
Family Name					
Preferred First Name					
Passport Expiration Dat	te				
Birthdate					
Gender on Passport		Male [Female \Box	X or other legal gender
Country of Birth					
Primary citizenship					
Dual citizenship (if appl	licabl	e)			
Languages Spoken					
Level of English Fluency	(CE	FR)			
Do you have a physical	disal	oility, learning	g dis	sability, or othe	er disability that requires accommodation
(Optional)		Yes [No	

Contact Information				
Street Name _				
House Number _				
City _				
State _				
Zip Code				
Country _				
Home Phone Number _				
Cell Phone Number _				
Email Address				
Program Information				
What is your current leve	el of studies?		High School	University/Higher Education
			Other:	
Name of Home Institutio	n			
Study Subject				
Are you applying via an a	gent/study cou	unse	elor? X Yes	
If yes, name of agency: _	College Conta	ct G	imbH	
Emergency Contact Inf	formation			
Emergency Contact #1				
First Name _				
Last Name				
Relationship to you _				
Street Address				
City _				
State/Province				

Zip Code		 	
Country		 	
Home Phone Number		 	
Cell Phone Number		 	
Email Address		 	
Emergency Contact #2	2		
First Name		 	
Last Name		 	
Relationship to you		 	
Street Address		 	
City		 	
State/Province		 	
Zip Code			
Country			
Home Phone Number			
Cell Phone Number			
Email Address			
-			

Certification

☐ I acknowledge, that upon admittance to Experience Northeast at Hartwick College I will need to pay a US\$ 400 deposit in order to secure my place. The deadlines for payment are as follows:

- Participation in Fall Semester: 15. May
- Participation in Spring Semester: 2. November

The payment can be made through Flywire:

https://payment.flywire.com/widget?recipient=hartwick

or per Credit Card: https://easypath.ecsi.net/hartwick1/460/Epay?pld=460

$\ \square$ I hereby permit College Contact to submit t	the information which I have provided on this form via
an electronic online application form created ar	nd maintained by Hartwick College.
Children Cinnatura	Dete
Student Signature	Date