



# Coastal Adaptation to Climate Change Course Application

**June 7- 25, 2010**  
**Coastal Resources Center**  
**University of Rhode Island, USA**

Participation will be limited to 25 individuals. To apply, please complete this application and return it to:

Kimberly Kaine  
Coastal Resources Center  
220 South Ferry Road  
University of Rhode Island  
Narragansett, Rhode Island 02882 USA  
By Fax: 401-874-6920  
By Email: [kkaine@crc.uri.edu](mailto:kkaine@crc.uri.edu)

**Print or type in English**

## **PERSONAL INFORMATION**

Family Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Country \_\_\_\_\_

Passport Expiration Date \_\_\_\_\_ (dd/mm/yyyy)

**US VISA STATUS** \_\_\_\_\_

**CURRENT EMPLOYMENT**

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Description of duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (Last 5 years)**

Title	Employer	Dates

## EDUCATION

Institution name and location	Major subject	Date and Degree received

## TRAINING

Please list the last 3 training events related to coastal management that you attended.

Name of Training/Workshop/Conference	Dates

Have you ever designed or offered a training course, or have teaching experience?  
Briefly describe.

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Please give your reasons for wanting to attend this course.

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What experience do you have in coastal planning, management and/or economic and social development in coastal areas?

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How did you hear about the Institute in Coastal Management?

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## ENGLISH PROFICIENCY

It is very important that you have good verbal and written English skills in order to participate fully. Assess your skills accurately.

Writing: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Speaking: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

\_\_\_\_\_ TOEFL Score if available (500 or better is recommended)

## FINANCIAL SUPPORT

Self-Paying: Yes \_\_\_ No \_\_\_

If you are receiving financial support from one or more agencies, complete the following.

1) Sponsoring Agency: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email \_\_\_\_\_

USD\$ Amount Committed \_\_\_\_\_

2) Sponsoring Agency: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email \_\_\_\_\_

USD \$ Amount Committed \_\_\_\_\_

## PERSONAL NEEDS

Information provided below is to help us provide a safe and comfortable experience during the course.

Do you have any special medical needs?

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Do you have any special dietary needs?

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## IMPORTANT DATES

**May 30, 2010** Final day of acceptance of applications and deposits

**June 1, 2010** All payments due

**June 5-6, 2010** Arrival of participants

**June 7, 2010** First day of class

**June 25, 2010** Last day of class

**June 26, 2010** Departure of participants

Applicant signature: \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

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Web: <http://www.crc.uri.edu/>

**A non-refundable deposit of \$500 is required to reserve space.**

Admission to this program is based on professional qualifications and experience without regard to age, race, gender, religion or national origin. We strive for a diversity of participants.