The Frank C. Munson Institute of American Maritime Studies

Mystic Seaport Museum

75 Greenmanville Ave. PO Box 6000,

Mystic , CT 06355-0990

 Phone: 860 572-0711 x.5089 Fax: 860 572-5329

 Email: munson@mysticseaport.org

APPLICATION FORM

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
Previous College Undergraduate and Graduate Work

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| --- | --- | --- | --- | --- |
| Institution | Dates attended | Major | Degree | Date of Degree |
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How did you learn about the Munson Institute’s summer courses?

 College catalogue Brochure Poster Alumna/us

 Web site Other:

References (name, title, address, phone):

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Please return completed application with college transcripts (unless auditing) to:

Munson Institute of American Maritime Studies

Mystic Seaport

munson@mysticseaport.org

I verify that all of the information listed above is true, to the best of my knowledge.

Applicant Signature Date