The Frank C. Munson Institute of American Maritime Studies

Mystic Seaport Museum

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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](mailto:munson@mysticseaport.org)

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