



## CULTURE NAVIGATOR APPLICATION

The proponent department is Office of International Programs  
THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

<p><b>APPLICATION REQUIREMENTS</b></p> <ul style="list-style-type: none"> <li>Submit an Culture Navigator Application</li> <li>Have a 2.0 GPA</li> <li>Submit a 300 word essay</li> <li>Previous international experience</li> <li>Faculty recommendaton</li> <li>Complete an interview</li> </ul>	<p><b>DUTIES &amp; RESPONSIBLIITIES</b></p> <ul style="list-style-type: none"> <li>Develop GENIE activities</li> <li>Promote GENIE activities on social media</li> <li>Lead and communicate GENIE cohort activities</li> </ul>	<p><b>BENEFITS</b></p> <ul style="list-style-type: none"> <li>Develop Leadership Skills</li> <li>Compensation</li> <li>Counts towards your experiential learning</li> <li>Counts towards Alamo Global Student Distinction</li> </ul>
--	--	--

## ESSAY ABOUT YOUR INTERNATIONAL EXPERIENCE

1. Please answer the following questions in essay format in 300-500 words. Type answers in Times New Roman, 12 pt. font. Complete, sign, and send to [dst-international@alamo.edu](mailto:dst-international@alamo.edu). Attach essay at same time you upload this application.

### 2. ESSAY QUESTIONS

- Describe your experience living or studying abroad.
- Where did you live or study?
- Elaborate on what you learned abroad (benefits and hardships).
- Why are you interested in becoming a Culture Navigator?
- How might your experiences abroad help you as a Culture Navigator?
- Elaborate on your experience leading and presenting to groups.
- Describe if you are currently working or are involved in any organizations on or off campus.

## FACULTY RECOMMENDATION *(A recommendation form will be email to your faculty)*

3. NAME OF FACULTY	4. DISCIPLINE
5. FACULTY EMAIL	6. FACULTY TELEPHONE

7. FACULTY HOME COLLEGE  NLC  NVC  PAC  SPC  SAC

To the Students: Under the Family Education rights of Privacy Act of 1974 (Buckley Amendment), you have the right to either review this recommendation or to waive your rights to see it. Please check one and sign below:

8.  I do waive my right to access to this recommendation  I do not waive my right of access to this recommendation

9. STUDENT SIGNATURE:	10. DATE
-----------------------	----------

## SCHEDULE AVAILABILITY *(Please indicate time of your availability for interview)*

11a. MONDAY	11b. TUESDAY	11c. WEDNESDAY	11d. THURSDAY	11e. FRIDAY
-------------	--------------	----------------	---------------	-------------

## FOR OFFICIAL USE ONLY

12. DATE OF INTERVIEW	13. INTERVIEW COMMITTEE APPROVE <input type="checkbox"/> YES <input type="checkbox"/> NO	14. CERTIFIED BY	15. DATE
-----------------------	---	------------------	----------



## CULTURE NAVIGATOR APPLICATION

The proponent department is Office of International Programs  
**THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974**

**AUTHORITY:** Alamo Colleges Board of Trustees Policy and Procedures E.1.8

**PRINCIPAL PURPOSE:** Application for a Culture Navigator in the Global Engagement Network for International Education (GENIE) Program

**ROUTINE USES:** Request by Office of International Program for student who wish to serve as Culture Navigators.

**DISCLOSURE:** Voluntary. Failure to furnish information may result in denial of the request.

### PLEASE PRINT INFORMATION

16. STUDENT ID	17. STUDENT NAME (LAST, FIRST, AND MIDDLE)	18. DATE OF BIRTH (MM/DD/YYYY)
19. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	20. NATIVE LANGUAGE	21. OTHER LANGUAGE SPOKEN
22. COUNTRY OF CITIZENSHIP	23. HAVE YOU PARTICIPATED IN A STUDY ABROAD	24. LIST PROGRAM & YEAR (YYYY)
25. HAVE YOU LIVED OR VISITED OUTSIDED OF THE U.S.A <input type="checkbox"/> YES <input type="checkbox"/> NO	26. LIST COUNTRY & TIME FRAME OF WHEN YOU LIVED ABROAD FROM: YEAR (YYYY) -TO YEAR(YYYY)	
27. PRIMARY EMAIL		28. PRIMARY TELEPHONE

### LOCAL ADDRESS

29. STREET ADDRESS		
30. CITY	31. STATE	32. POSTAL CODE

### ACADEMIC INFORMATION

33. HOME COLLEGE <input type="checkbox"/> NLC <input type="checkbox"/> NVC <input type="checkbox"/> PAC <input type="checkbox"/> SPC <input type="checkbox"/> SAC	34. PROGRAM OF STUDY/MAJOR
35. CURRENT GPA	36. HOURS ENROLLED
37. TOTAL HOURS ACCRUED	
38. WILL YOU BE AN ALAMO COLLEGES STUDENT NEXT YEAR YES <input type="checkbox"/> NO <input type="checkbox"/>	

**BY SIGNING THIS FORM, I CERTIFY THE INFORMATION PROVIDE IT TRUE AND ACCURATE**

39. STUDENT SIGNATURE	40. DATE
-----------------------	----------

### FOR OFFICIAL USE ONLY

41. FACULTY RECOMMENATION RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>	42. ESSAY RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>	43. INTERVIEW SCHEDULED YES <input type="checkbox"/> NO <input type="checkbox"/>
44. PARTICIPATING IN GENIE COHORT & STUDENT TYPE <input type="checkbox"/> YES <input type="checkbox"/> NO	45. APPROVED CULTURE NAVIGATOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
46. CERTIFIED BY	47. DATE RECEIVED	