



For GIL Staff:

Date received: _____

GIL: _____

Pre-GIL: _____

Pre-LCC: _____

Referred by: _____

Referred to: _____

The Global Institute of Lansing

510 W. Ottawa Street

Lansing, MI 48933

517-488-5342

globalinstitutelansing@gmail.com

Student Information

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Country of Origin: _____ Total Years in the USA: _____

Language(s) spoken: _____

Have you received resettlement services from a local agency (STVCC Refugee Services, Samaritas, Bethany Christian, etc.) currently or in the past? _____

School History

High School last attended: _____

City/State/Country: _____ Highest Grade Completed: _____

Did you receive a diploma: _____ Total Credits Earned: _____

Estimated GPA: _____ Date of Withdrawal: _____

Reason for Leaving: _____

List other schools you have attended (in or outside the USA): _____

