

IMF Institute Course Application Form

Course No.	Course Name	Application Closing Date
First Name	Middle Name	Family Name
Date of Birth (month/day/year)	Birth Country	Birth City
		Citizenship
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Single
		<input type="checkbox"/> Married

CURRENT JOB INFORMATION

Job Title	Agency Country
Section/Division	Applicant's Work Phone
Department	Applicant's Work Fax
Agency Name	Alternative Fax Number
Agency Street Address	Applicant's Home Phone
Agency City and Postal Code	E-Mail Address

Summarize your duties as they relate to the subject of the course. Applications will not be processed without adequate description of current duties. **IMPORTANT:** Please read the course description and qualifications to ensure that you are qualified for the course to which you are applying. Confine your description to this space.

PRIOR WORK EXPERIENCE

Previous Job Title			
Name of Agency			
month/year Employed	From: To:	From: To:	From: To:

LANGUAGE SKILLS

Which of the following languages do you read, write, and speak very well: <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish				
Test of English as a Foreign Language (TOEFL):	Score:	Year taken:		
International English Language Testing System (IELTS):	Score:	Year taken:		

EDUCATION

Name of Degree/Diploma			
Major Subject			
Dates Attended (mm/yy)	From: To:	From: To:	From: To:
Institution/University			
Country of Institution			
Language of Instruction			

Date: _____ Applicant's Signature: _____

Sponsor's Nomination and Certification Form

Sponsor's First Name	Sponsor's Middle Name	Sponsor's Family Name
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Sponsor's Citizenship	
Sponsor's Job Title	Country	
Section/Division	Sponsor's Phone	
Department	Sponsor's Fax	
Agency Name	Sponsor's Alternative Fax	
Agency Street Address	Sponsor's E-Mail Address	
Agency City and Postal Code	Agency Web Address	

I, the undersigned, acting on behalf of the above named agency where the applicant is employed, hereby sponsor the following applicant, and certify the information below, together with the information supplied by the applicant on the Application Form.

Name of Applicant _____ Course Number _____

Course Name _____

1. The applicant, if invited to the course, will receive a leave of absence with regular pay for the duration of the course, will be given no other duties or assignments during the period of the course and, on return, will resume current duties, or assume a new position with equal or greater responsibility. For the Distance Learning Course on Financial Programming and Policies (DL/FPP), the applicant will be allowed to study part-time while remaining on the job and will have access to the equipment and software indicated in the course description.
2. In case of withdrawal of a confirmed participant after the IMF has prepaid the airline ticket, the sponsoring agency will be responsible for any travel costs incurred by the IMF; and the sponsoring agency will be responsible for the costs of the participant's repatriation, if any personal difficulties or circumstances arising during his/her participation in the course should render repatriation necessary.
3. If the applicant is accepted, he/she will take a comprehensive medical examination immediately before departure to attend the course, to ensure that he/she (and spouse, where applicable) is (are) in good health, free from any contagious disease and free from any preexisting medical condition or disability that could impair their full participation in the course.
4. The IMF will be reimbursed promptly by the sponsoring agency for all medical expenses that the IMF incurs as a result of any of the conditions mentioned in 2 and 3 above, as well as for any medical expenses incurred by participants (and family), which are not covered by the IMF's medical insurance policy (including pregnancy-related expenses).

Agency Seal

Date:

Certifying Sponsor's Signature:


