



CENTER FOR INTELLIGENCE AND SECURITY STUDIES

THE UNIVERSITY OF MISSISSIPPI

ISS MINOR APPLICATION

Contact Information

Last Name: _____ First: _____ Middle: _____ Student ID# _____

Oxford Address - Street: _____ State: _____ zip: _____

City: _____

Home Address - Street: _____ State: _____ zip: _____

City: _____

Contact

Phone: _____ Mobile: _____ Email: _____

Academic Information

Graduation Year: What year do you plan on graduating? _____

Major(s): _____ GPA: _____ Advisor: _____

Minor(s): _____ GPA: _____ Advisor: _____

Have you taken YES NO Taking Currently
ISS125?

If "yes", semester taken: _____ Grade: _____

Languages Spoken other than English

Language: _____

Speaking Ability(check one): Marginal Good Very Strong

Writing Ability(check one): Marginal Good Very Strong

Language: _____

Speaking Ability(check one): Marginal Good Very Strong

Writing Ability(check one): Marginal Good Very Strong