

Longwood University Institute of Spanish Studies Study Abroad

APPLICATION FOR ADMISSION

THIS FORM SHOULD BE COMPLETED AND COPIED.

ADMISSION INFORMATION

Please type or print.

Which program are you applying for?

_____ First Summer Session 2012

_____ Fall Semester 2012

_____ Second Summer Session 2012

_____ Spring Semester 2013

_____ First and Second Summer Session 2012

_____ Fall and Spring Semester 2012-2013

BIOGRAPHICAL INFORMATION

Name _____
First Middle Last

Name of college or university _____

Address at school _____
Street

City State Zip Code Valid until what date _____

Your telephone at college (____) _____ Social Security _____ Male Female

E-mail address _____ Fax number _____

Permanent address _____ Phone _____

Birth date _____ Birth place _____
Month Date Year City State/Country

Are you a U.S. citizen? yes no If no, home country _____ Type of visa _____

Do you have a passport? yes no If yes, list your passport number _____

Expiration date _____ Place of issue _____

Marital status Single Married Divorced Separated

Nickname or name you prefer to be called _____

Name of your hometown/campus newspaper _____

If parents are separated, please mark the box of your legal guardian.

Father's name _____
First Middle Last

Father's address _____
Street City State Zip code Country

Father's telephone (____) _____ E-mail address _____ Fax number _____

Mother's name _____
First Middle Last

Mother's address _____
Street City State Zip Code Country

Mother's telephone () _____ E-mail address _____ Fax number _____

ACADEMIC INFORMATION

Classification when you will be abroad:

- Freshman Sophomore Junior Senior Graduate Not currently enrolled

If not currently enrolled in school, what is your current occupation? _____

What institution did you last attend and when? _____

Anticipated date of graduation _____ Major(s) _____ Minor(s) _____

Cumulative grade point average (on a 4.0 scale) _____

Did you transfer into your current school? yes no If yes, please list your former school _____

Occupational goal _____

Most recent Spanish courses taken: _____

Do you wish to receive credit through:

- _____ The Institute of Spanish Studies
 _____ Longwood University

Courses you plan to enroll in while you are abroad

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Type of credits desired:

- _____ Undergraduate
 _____ Graduate

Please see pages 7 and 9 of the brochure for fees and credit information and application procedure.

- Alternates: 1. _____
 2. _____

TRANSCRIPT AND REFERENCES

- Please request that official copies of all college transcripts, including those from transfer institutions, be sent to: Office of International Affairs, Longwood University, 201 High Street, Farmville, VA. (Students currently enrolled at Longwood University may omit this.) or to the Institute of Spanish Studies El Bachiller 13, 46010-Valencia, Spain.
- List the name, department, and office telephone of your reference and the Study Abroad Approval Form (SAF) signee. A referee may also fill out the Study Abroad Approval Form. If your reference is your adviser, please indicate so with an (*).

(1) _____
Professor Department Office Telephone

(SAF) _____
Signee Department Office Telephone

ESSAY

On a **SEPARATE SHEET OF PAPER**, please type (or print clearly and legibly) a brief essay telling us about the life experiences that led to your decision to study abroad and how you expect your experience abroad to fit into your college plans, as well as future professional and personal goals. Please limit your essay to two pages. Be sure to include your name, the program, term and year you are applying for. In the space provided on the following page, you may list any relevant awards, honors, activities or previous travel abroad experiences.

HOUSING PREFERENCES

_____ Smoking _____ Non-smoking

Do you have any dietary restrictions? ___ Yes ___ No

If yes, please explain _____

Do you have a friend you wish to room with? _____

Please describe any other relevant personal preferences which will help us to match you with an appropriate family:

MEDICAL HISTORY

Do you regularly take any kind of prescription medication? ___ yes ___ no

If yes, for what condition? _____

Are you allergic to any medication? ___ yes ___ no If yes, specify _____

Please describe any other significant medical condition(s) which may be of concern in Valencia: _____

HEALTH INSURANCE INFORMATION

Besides the insurance included in the Program of the Institute of Spanish Studies, do you have any other valid health insurance plan?

___ yes ___ no If yes, please specify company and policy number _____

FUNDING YOUR STUDY ABROAD EXPERIENCE

1. Who will be paying tuition fees? (mark all that apply)

Yourself/Parents Institutional Financial Aid Outside Scholarships Other _____

2. To whom should tuition invoices be sent? _____

Name

Address

3. If applying through the Institute of Spanish Studies, will you pay in installments? (see page 10) yes no

Longwood University, although a degree-granting institution, **DOES NOT** offer federal or institutional financial aid to visiting students on any of its study abroad programs. However, it is legal for federal financial aid from your home institution to travel with you on a study abroad program as long as your home institution accepts the credits you will receive while you are abroad, and, you are taking a minimum of 12 semester hours worth of credit. Whether your institutional aid (scholarships or grants from your home institution) will travel with you is determined solely by your home institution, please consult your financial aid office.

APPLICATION CHECKLIST

The deadlines are as follows: All programs: Fall semester - July 23 Spring semester - December 10
Summer Session I - April 30 Summer Session II - May 28

Under special circumstances, late applications may be accepted. Please call Longwood University for more information, 434.395.2158 or the Institute of Spanish Studies Int'l +34-96-369 6168.

Applications will be reviewed only when the following have been received:

- This application completed in full and signed by the applicant. Be sure to send a copy of your application along with the original.
- Complete official transcripts of all colleges attended.
- One letter of academic reference and the Study Abroad Approval Form signed.
- Brief essay.

AGREEMENT AND RELEASE

I certify the above information is complete and correct. I understand that any misrepresentation may result in my dismissal from the program. I understand that upon my acceptance to the Longwood University or the Institute of Spanish Studies program of my choice, I will receive an acceptance packet. The acceptance packet will include waivers, pre-registration forms, the request for payment of a non-refundable deposit, as well as pertinent information regarding the program. Failure to meet the deadlines outlined in the acceptance packet may result in my dismissal from the program. I hereby apply to the Study Abroad in Valencia or the Institute of Spanish Studies program and authorize the release of any information necessary to complete the application for admission.

Applicant's signature _____ Date _____

Longwood University and the Institute of Spanish Studies do not discriminate in admission, financial assistance, educational and all other programs administered by the college on the basis of age, sex, race, color, national or ethnic origin or physical handicap.

CONDITIONS OF PARTICIPATION

I do waive and release any claims against Longwood University and/or the Institute of Spanish Studies and host schools abroad for any injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, government restrictions or regulations or arising from any act or omission of any steamship, airline, railroad, bus company, taxi service, hotel, dormitory, restaurants, school, university, or other firm, agency, company, or individual. I also release Longwood University and/or the Institute of Spanish Studies and agree to indemnify them with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to person or property of others that I may cause while participating in the Program.

I understand that Longwood University and/or the Institute of Spanish Studies are not responsible for, and I release the College from any claims for, any injury or loss whatever suffered by me during my participation in any aspect of the Program.

I hereby grant to Longwood University and/or the Institute of Spanish Studies full authority to take whatever action they may consider to be warranted under the circumstances regarding my health and safety, and I release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Longwood University and/or the Institute of Spanish Studies and its agents, at their discretion to place me for my welfare at my own (or my parent's) expense and without my further consent and without my parent's further consent in a hospital within or outside of the United States for medical services and treatment, or if no hospital is readily available, to transport me back to the United States by commercial airline or otherwise, at my own expense or at my parent's expense, for medical treatment. In the event Longwood University and/or the Institute of Spanish Studies or its agents advance or loan any monies to me or incur special expense on my behalf while I am abroad, I and my parents agree to make prompt repayment.

I will comply with the rules, standards and instructions for participants behavior for the Program. I agree to indemnify Longwood University and/or the Institute of Spanish Studies against any consequences of my failure to comply with such rules, standards and instruction. I agree that Longwood University and/or the Institute of Spanish Studies shall have the right to enforce appropriate standards and that they may at any time terminate my participation in the program for failure to maintain these standards or for any action or conduct which they consider to be detrimental to, or incompatible with, the interest, harmony, and welfare of other students. If my participation is terminated I consent to be sent home at my own or my parent's expense, with no refund of fees.

On group tours or other activities arranged by Longwood University and/or the Institute of Spanish Studies I will accept the will of the majority whatever matter of choice is presented to the group. I will also accept in good faith the instruction and suggestions of Longwood University and/or the Institute of Spanish Studies in all matters relating to the Program or the personal conduct of Program participants. I understand that from time to time publicity material may include statements by its students and/or their photographs and I consent to such use of my comments and photographic likeness.

I understand that Longwood University and/or the Institute of Spanish Studies reserve the right to cancel, change or substitute programs in cases of emergency, changed conditions, the interest of each group, insufficient number of participants, or otherwise to change initial campus and advisor assignments, and to make alterations in the Program and its activities and itineraries, as may be required in the judgment of Longwood University and/or the Institute of Spanish Studies. In addition, I understand that fees and logistics are based on certain factors over which the Program has no control such as changes in currency exchange rates, tariffs, curriculum, inflation of other basic costs or strikes, revolutions, wars, and are subject to change.

I understand that Longwood University and/or the Institute of Spanish Studies are relieved of all liability for items lost in delivery by U.S. Mail or otherwise.

All references to my parent shall include each of my parents, my legal guardians, and other adults responsible for me.

I have read the terms and conditions set forth in this agreement/release and understand they constitute a part of my agreement with Longwood University and/or the Institute of Spanish Studies. I understand and agree to the terms relating to refunds for program applicants set forth in the application.

Date _____ Participant's signature _____

If under 18, a parent or guardian must sign here

Longwood University Institute of Spanish Studies Study Abroad

STUDY ABROAD APPROVAL FORM

To the student:

Name _____ Program _____ Term/Year _____

Telephone () _____ E-mail _____

Please sign the authorization, check the address below to which you would like it sent, and give this form to your study abroad adviser or other appropriate person on your campus.

I formally apply to the above named program and authorize the release of information to complete this application.

I request that a transcript of my work be sent automatically to my home campus on completion of this program.

I waive my right of access to this information. I do not waive my right of access to this information.

Applicant's signature _____ Date _____

To the academic dean, study abroad adviser or faculty adviser:

Is this student in good academic standing? Yes No

Has the student completed the necessary steps for approval from your institution? Yes No

Do you recommend this student? Yes No

Will the credit earned on the program be accepted toward this student's degree program at your institution?

Yes, under the usual transfer policies.

Comments: _____

Name _____ College/University _____

Address _____

Title/Department _____ Telephone () _____ E-mail _____

Signature _____ Date _____

Please mail to: *(Student:check one)*

_____ Longwood University, Office of International Affairs, 201 High Street, Farmville, VA 23909

_____ Institute of Spanish Studies, El Bachiller 13, 46010-Valencia, Spain

Longwood University Institute of Spanish Studies Study Abroad

FACULTY RECOMMENDATION FORM

To the student:

Name _____ Program _____ Term/year _____

Telephone () _____ E-mail _____

Please sign the authorization and give this form to a professor who knows you well and has taught you in class. Your professor should then forward the completed form to the address you check below.

I waive my right of access to this information. I do not waive my right of access to this information.

Applicant's signature _____ Date _____

To the faculty member:

The above student is applying to a study abroad program. Please assess this student's intellectual ability, past performance, motivation, maturity, and potential for successful adjustment to study abroad in your comments and ratings below.

Comments:

Please rate the following:

	Poor	Good	Excellent	Outstanding
Academic potential and ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adjust to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish Language abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name _____ College/University _____

Address _____

Title/Department _____ Telephone () _____ E-mail _____

Signature _____ Date _____

Please mail to: *(Student:check one)*

_____ Longwood University, Office of International Affairs, 201 High Street, Farmville, VA 23909

_____ Institute of Spanish Studies, El Bachiller 13, 46010-Valencia, Spain