



institute of spanish studies
 El Bachiller 13
 46010-Valencia (Spain)

Institute of Spanish Studies

Study Abroad

APPLICATION FOR ADMISSION

ADMISSION INFORMATION

Please type or print.

Which program are you applying for?

- | | |
|---|--|
| <input type="checkbox"/> First Summer Session 2018 | <input type="checkbox"/> Fall Semester 2018 |
| <input type="checkbox"/> Second Summer Session 2018 | <input type="checkbox"/> Spring Semester 2019 |
| <input type="checkbox"/> First and Second Summer Session 2018 | <input type="checkbox"/> Fall 2018 and Spring 2019 |

BIOGRAPHICAL INFORMATION

Name _____
First Middle Last

Name of college or university _____

Address at school _____
Street City State Zip Code Country

Valid until what date _____

Telephone _____ E-mail address _____

Permanent address _____
Street City State Zip Code Country

Social Security _____

Birth date _____ Birth place _____ Male Female
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 _____

Nickname or name you prefer to be called _____

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 _____

Mother's name _____
First Middle Last

Mother's address _____
Street City State Zip Code Country

Mother's telephone _____ E-mail address _____

ACADEMIC INFORMATION

Classification when you will be abroad:

- Freshman Sophomore Junior Senior 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: _____

Courses you plan to enroll in while you are abroad

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

Alternates

1. _____
2. _____

TRANSCRIPT AND REFERENCES

1. Please request that official copies of all college transcripts to the Institute of Spanish Studies El Bachiller 13, 46010-Valencia, Spain.
2. 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) _____
Professor Department Office Telephone

ESSAY

On **THE LAST PAGE** or 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

Street _____ City _____ State _____ Zip Code _____ Country _____

APPLICATION CHECKLIST

The deadlines are as follows: All programs: Fall semester – July 20 Spring semester – December 3
Summer Session June – April 27 Summer Session July – June 1

Under special circumstances, late applications may be accepted.

Please call or write the Institute of Spanish Studies Int'l+34-96-369 6168 info@issvalencia.com

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 Institute of Spanish Studies program of my choice, I will receive an acceptance packet. The acceptance packet will include waivers, preregistration forms, the request for payment of a nonrefundable 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 _____

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 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 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 r the Institute of Spanish Studies are not responsible for, and I release the Institute 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 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 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 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 the Institute of Spanish Studies against any consequences of my failure to comply with such rules, standards and instruction. I agree that 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 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 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 r 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 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 the Institute of Spanish Studies are relieve d of all li ability 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 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

ESSAY