

Cedarville University Institute of Spanish Studies Study Abroad

APPLICATION FOR ADMISSION



ADMISSION INFORMATION

Please type or print.

Which program are you applying for?

First Summer Session
Second Summer Session
First and Second Summer Session

Fall Semester
Spring Semester
Fall and Spring

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 _____ Home Phone _____

Permanent address _____

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 _____

Nickname or name you prefer to be called _____

Name of your hometown/campus newspaper _____

ACADEMIC INFORMATION

Classification when you will be abroad:

Freshman

Sophomore

Junior

Senior

Anticipated date of graduation _____

Major(s) _____

Minor(s) _____

Cumulative grade point average (on a 4.0 scale) _____

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

List college level 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, from Academic Services, an official transcript be sent to International Programs.
- 2. Complete the top portion of the Faculty Recommendation Form. Give the form to a faculty member to complete. The form should be sent to International Programs by the faculty member. List the name of the faculty member who will be completing the form on the line below:

Professor Department Office Telephone

ESSAY

On a **SEPARATE SHEET OF PAPER**, type 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 below, 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 _____

If you currently have scholarships or financial aid at Cedarville, you are still eligible to receive that aid for this program. You must meet with a financial aid advisor at Cedarville to fill out the appropriate forms. Scholarships are not available for summer programs.

APPLICATION CHECKLIST

The deadlines are as follows:

Fall semester - April 1

Spring semester - October 1

Summer Sessions - March 15

Under special circumstances, late applications may be accepted. Please call International Programs at x3896 for more information.

Checklist:

- This application completed in full and signed by the applicant.
- One academic reference form. (Semester only)
- Brief essay. (Semester only)

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 Cedarville University International Program and the Institute of Spanish Studies I agree to abide by the community covenant and any regulations by the Institute of Spanish Studies.

Applicant's signature _____ Date _____

Cedarville University and the Institute of Spanish Studies do not discriminate in admission, financial assistance, educational and all other programs administered by the university 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 Cedarville 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 Cedarville 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 Cedarville University and/or the Institute of Spanish Studies are not responsible for, and I release the University 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 Cedarville 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 Cedarville University and/or the Institute of Spanish Studies and its agents, at their discretion to place me for my welfare at my own 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, for medical treatment. In the event Cedarville 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 agree to make prompt repayment.

I will comply with the rules, standards and instructions for participant's behavior for the Program. I agree to indemnify Cedarville 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 Cedarville 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 Cedarville 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 Cedarville 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 Cedarville 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 Cedarville 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 Cedarville University and/or the Institute of Spanish Studies are relieved of all liability for items lost in delivery by U. S. Mail or otherwise.

I have read the terms and conditions set forth in this agreement/release and understand they constitute a part of my agreement with Cedarville 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 _____