

# 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

### BIOGRAPHICAL INFORMATION

Name \_\_\_\_\_  
First Middle Last

Name of college or university \_\_\_\_\_

Address at school \_\_\_\_\_

Street \_\_\_\_\_ Valid until what date \_\_\_\_\_  
City State Zip Code

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 \_\_\_\_\_

### 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) \_\_\_\_\_

List college level Spanish courses taken:

Courses you plan to enroll in while you are abroad

1. \_\_\_\_\_
2. \_\_\_\_\_

### 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 \_\_\_\_\_

### 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 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 (to be paid by student), 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 \_\_\_\_\_

*Cedarville 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 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 \_\_\_\_\_

If under 18, a parent or guardian must sign here: \_\_\_\_\_