

CONCORDIA UNIVERSITY STUDY ABROAD APPLICATION

Office of the Registrar

- EXCHANGE PROGRAM
- THIRD PARTY STUDY ABROAD PROGRAM
- FACULTY LED PROGRAM

Name: _____ Banner ID#: E _____

E-Mail Address: _____ Major: _____

Academic Term/Year: FALL SPRING SUMMER YEAR: _____

Part I. Program

CUI Program: _____

Third Party Company and Program: _____

Faculty Led Program: _____

Part II. Course of Study

Course Number	Course Description	Units	Equivalent CUI Course Number	Applies to Program/Major/Minor

Academic Advisor: _____ Date: ____ / ____ / ____

Comments: _____

Signature: _____ Date: ____ / ____ / ____

(Education: **Debbie Brumfield**: Needed if major/minor is in Education)

Signature: _____ Date: ____ / ____ / ____

(CCI: **Carrie Donohoe**: Needed if major/minor is in Christ College)

Part III. Financial Aid/Student Account Agreement

Students participating in an CUI Programs may use all of their Concordia University financial aid (except work study and performance or sports scholarships), to fund the program. Proof of registration is required prior to the disbursement of any funds.

Financial Aid Signature: _____ Date: ____ / ____ / ____

Part IV. International Department Approval

Global Programs: _____ Date: ____ / ____ / ____

Part V. Student Agreement

I agree to the guidelines for the Study Abroad Program and to its requirements and limitations.

Student Signature: _____ Date: ____ / ____ / ____

STUDENT EMERGENCY CONTACT INFORMATION: (contact in case of an emergency; i.e. parent, family member, friend)

Please fill out back of form completely. We need at least three contacts.

1. _____
 Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

2. _____
 Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

3. _____
 Last Name, First Name

Home Phone Number

Cell Phone Number

Email Address

For Use by the Office of Global Programs

- Bursar Clearance Judicial Clearance Insurance Coverage Academic Probation Clearance

For Use by the Office of the Registrar

- Proof of Registration Copy of Schedule Enrolled Concurrently



UFV STUDY ABROAD APPLICATION FORM

Period of study FALL SEMESTER SPRING SEMESTER YEARLONG
 INTENSIVE SPANISH LANGUAGE AND CULTURE (Four weeks)
 In FALL In SPRING In SUMMER

PROGRAM of STUDY SPANISH LANGUAGE AND CULTURE
 SPANISH LANGUAGE, LIBERAL ARTS AND BUSINESS (IN ENGLISH)
 SPANISH LANGUAGE AND AREA STUDIES

HOME INSTITUTION: _____
 ADDRESS: _____
 CONTACT PERSON: _____ E-MAIL: _____
 TEL: _____

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____
 PASSPORT NUMBER: _____ DATE OF BIRTH: _____
 NATIONALITY: _____ GENDER: _____

CONTACT INFORMATION

PERMANENT ADDRESS
 STREET: _____ CITY/STATE: _____
 POSTAL CODE: _____ COUNTRY: _____
 E-MAIL: _____ PHONE: _____
 EMERGENCY CONTACT PERSON: _____
 PHONE(S): _____

LANGUAGE SKILLS

NATIVE LANGUAGE: _____

OTHER LANGUAGES

Please indicate your language level in the following languages that pertain to you. Use beginner, intermediate, advanced as indicators in each section.

	Reading	Writing	Listening	Speaking
Spanish				
English				
French				
Other				

PREVIOUS AND CURRENT STUDIES

University where you are currently enrolled	
Current year of university study	
Degree you are pursuing	
Date you began studying this degree	
Expected completion date	
Have you studied abroad before? If yes, where and for how long?	

ACCOMMODATIONS PREFERENCES

Please indicate which kind of housing most interests you:

Spanish host family Shared student flat Student residence

Please note: UFV will arrange housing for students in Spanish host families and provide information about trusted agencies for locating a room in a shared flat or about residences for university students in Madrid.

Please use this space to describe any dietary requirements, allergies, living preferences, or other health conditions that we should know about in order to best receive you and make arrangements for you. _____

Documents to accompany this application:

- 1) Photocopy of your passport and academic transcript
- 2) Four passport photos
- 3) Proof of insurance which covers full accident, medical and liability, and repatriation of remains expenses
- 4) Proof of payment of a non-refundable enrolment fee (200 €)
- 5) Letter of recommendation from home university
- 6) Brief letter of statement telling us why you would like to study at UFV
- 7) Resumé in Spanish (if you are interested in participating in an internship)

Please sign that you have read this application and provided us with correct information:

Signed: _____ Date: _____

Terms and Conditions

A non-refundable fee of 200 € is required and must be made at the time of registration and will be deducted from the total amount due for your studies.

- 1) Payment for the course should be made 30 days prior to the course start date.
- 2) Payment may be made by bank wire transfer in Euros, and should be free of charges and commissions.
- 3) For cancellations made 30 days or less prior to the course start date, a refund of 50% of the total fees will be made, minus the 200€ enrolment fee.
- 4) All courses are subject to changes and require a minimum number of enrolled students in order to take place.



Release and Hold Harmless Agreement/Waiver of Liability Form

I, the undersigned participant, request voluntary participation for myself to participate in the _____ activity on _____ (date) which begins at _____ (time) and ends at _____ (time) Sponsored by Concordia University Irvine all of which are hereafter referred to as the “activity”.

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, an/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from Concordia University Irvine and the officers, employees, and agents of each of them and consent to use of photographs, pictures, slides, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all the risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify Concordia University Irvine and the officers, directors, employees, and agents of each of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against Concordia University Irvine and the officers, directors, employees, and agents of each of them arising out of my participation in the activity and hereby forever release, hold harmless, and discharge Concordia University Irvine and the officers, directors, employees, and agents of each of them from all liability in connection therewith except as such loss or damage which was caused by the sole negligence or willful misconduct of Concordia University Irvine and its officers, directors, employees, representatives and volunteers, and the officers, directors, employees, and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Concordia University Irvine and the officers, directors, employees and agents of each of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Emergency contact name (print) (Area Code) Phone Number

Participant's Signature Date

Relationship to participant

Participant's Name (Print) (Area Code) Phone Number

List medical/prescription information below:

Address City/state Zip

