

SALAMANCA, SPAIN
Summer 2012
Application Instructions

*Applications are accepted up to **March 9, 2012***

On or before

March 9, 2012 to H-211(Humanities & Social Sciences Dean's office)

- One Faculty recommendation
- One Emergency contact form
- CSUF- Release of Liability
- Personal Conduct Agreement
- A photo copy of the picture page of your passport
- One page (500 word) essay: "Why I want to go to Spain and how this will contribute to my education and personal growth"
- CSUF-Class Registration Form

March 9, 2012 To AIFS

- Complete Online Program enrollment and submit your \$450 deposit at:**

http://hss.fullerton.edu/hss/spain_program.aspx under "Application"

or email tvandenburg@fullerton.edu for the specific program link.

**April 6, 2012 to Humanities & Social Sciences Dean's office –
Tarrigon Van Denburg, tvandenburg@fullerton.edu**

- Itinerary including departure dates from U.S and arrival back in the U.S. (if not taking the group flight)

*You will be notified via email if additional CSUF forms are required based on your Study Plan and/or scholarship acceptance.

If you have any questions during the application and enrollment process, please contact Tarrigon VanDenburg, H&SS Dean's office at tvandenburg@fullerton.edu or visit H-211.

SALAMANCA, SPAIN
Summer 2012

COVER SHEET

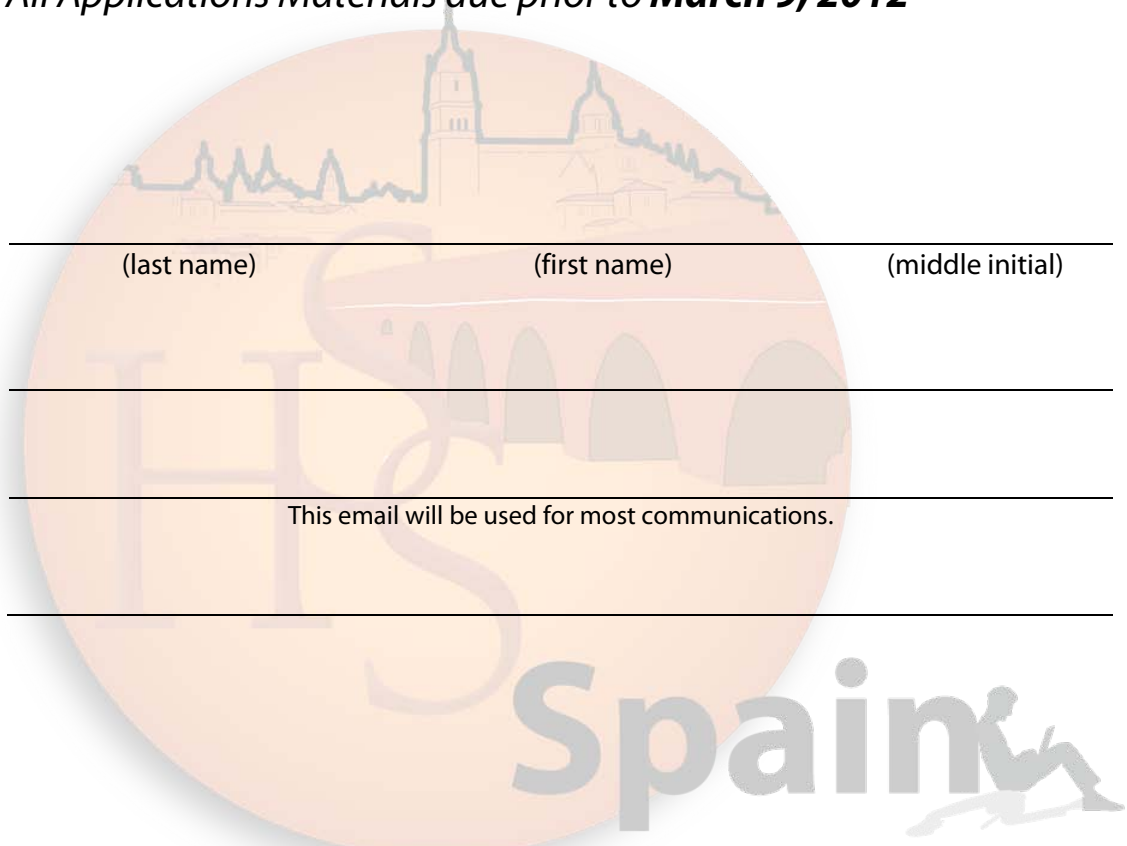
*All Applications Materials due prior to **March 9, 2012***

LEGAL NAME: _____
(last name) (first name) (middle initial)

CWID: _____

EMAIL: _____
This email will be used for most communications.

MAJOR: _____



I hereby submit my application to participate in one of the College of Humanities and Social Sciences Study Abroad Programs at CSUF. I understand that my application will not be reviewed until program deposits and all forms are completed and turned in. I understand that CSUF tuition is separate from the study abroad program fees. I certify that the information given in the application is true and complete and that I understood each question.

SIGNATURE OF APPLICANT _____ DATE _____

Please return this completed application packet to
Tarrigon VanDenburg, H&SS Dean's office in H-211.



EMERGENCY CONTACT AND MEDICAL RELEASE FORM

Student Name: _____ Program/Year: _____

Primary Contact:

Secondary Contact:

Name: _____

Name: _____

Relation: _____

Relation: _____

Phone: () _____

Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

Email: _____

Email: _____

Please list all:

Allergies: _____

Current Medications: _____

Medical Conditions (special diets, treatments, etc.) _____

Do you have health insurance? Yes No

Name of Health Care Provider: _____

I hereby grant the University permission to contact the above named individuals whenever the University, at its sole discretion, determines it is necessary to do so.

SIGNATURE OF APPLICANT _____ DATE _____



PERSONAL CONDUCT AND ACADEMIC RESPONSIBILITIES AGREEMENT

H&SS Spain Summer 2012

I, _____, understand that during the period of my study abroad
Program, I am a guest in Spain. I also understand that:

Print name

- while living in Spain, I will be subject to the laws of that country.
- my behavior reflects upon my country and my university. I agree to conform to standards of conduct consistent with the maintenance of the reputation of the Host, and CSUF.
- Spain is more formal than the USA in dress, in speech and in social relationships, and while there, I will act according to local socially acceptable, polite norms.
- attendance is required in all regularly scheduled classes, field trips, and other group activities and that my grades could be affected by excessive absences.
- I am responsible for registering at the host institution as required and for contacting the Study Abroad office at CSUF to guarantee I am registered for placeholder course (s) as needed at CSUF.
- I understand grades for courses are awarded by the course instructors on the basis of their evaluation of my scholastic achievement. Letter grades (A, A-, B+, etc) will be recorded on my transcript. Grades received in programs sponsored by other approved institutions will be accepted from the sponsoring institution, on a pre-approved basis (in consultation with my academic advisor).
- I am considered a student of California State University, Fullerton and therefore I shall abide by the Dean of Student's JUDICIAL AFFAIRS policies as set forth on their website (<http://www.fullerton.edu/deanofstudents/Judicial/Policies.asp>) , including, but not limited to: **Title V, Alcohol & Drug Use; drug-Free school Information; Nondiscrimination Policy; Plagiarism; Sexual Harassment; Student Discipline Procedures; Student Rights & Responsibilities; Academic Appeals Procedures; and Academic Dishonesty and Repetition of Courses.**
- I am aware that I could be asked to return home, at my expense, if I am in violation of these policies.

I have read, received, understand and agree to the above.

SIGNATURE OF APPLICANT _____

DATE _____



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: **H&SS SUMMER 2012 SALAMANCA, SPAIN
STUDY ABROAD**

Activity Date(s) and Time(s): **JUNE 9 – JULY 21, 2012**

Activity Location(s): **SALAMANCA, SPAIN and surrounding regions**

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Fullerton; CSU Fullerton Auxiliary Services Corporation and their respective employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____



If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name



STUDY ABROAD PROGRAM FACULTY RECOMMENDATION FORM

Do not submit recommendations from friends, employers, university staff or administrators

Applicant

Applicant's Name: _____
 Country applying for: _____ Semester/Year: _____

Faculty Member

1. How well do you know applicant? (Check the most appropriate response.)
 - Extensive contact as advisor or in small classes
 - Well acquainted in classroom environment
 - Limited contact in classroom environment

2. In comparison with other students whom you have known at comparable stages of their careers, please rate the applicant in these areas. (Circle the most appropriate response.)

	Top 2%	Top 10%	Top 25%	Top 50%	Not Recommended
Academic Ability.....	4	3	2	1	0
Maturity.....	4	3	2	1	0
Cooperation & Adaptability.....	4	3	2	1	0
Initiative & Motivation.....	4	3	2	1	0

3. **Remarks:** Based on your knowledge of the applicant, please comment on his/her ability to participate in and profit from this H&SS Study Abroad program.

Signature: _____ Printed Name: _____ Date: _____

Position: _____ Department: _____

This form must be submitted to: Tarrigon VanDenburg, H&SS Dean's Office, H-211, (657) 278-3528



COLLEGE OF HUMANITIES & SOCIAL SCIENCES



SALAMANCA, SPAIN CLASS REGISTRATION FORM

Semester/Year of Requested Enrollment: _____

Legal Name: _____
(Last) (First) (Middle)

CWID#: _____ Birthdate: _____

Mailing Address: _____

Home Telephone #: _____ Day/Cell Telephone #: _____

Email Address: _____

Major: _____ CUMM GPA: _____ CUMM. UNITS _____

Class Level At Time Of Proposed Enrollment: Soph _____ Junior _____ Senior _____

Have You Applied For or Been Awarded Financial Aid? Yes _____ No _____

Date of Most Recent Financial Application/Awards: _____

<u>Course No.</u>	<u>Course Title</u>	<u>Units</u>
<u>HUM 350T</u>	<u>Spanish Life and Culture</u>	<u>3</u>
_____	_____	_____

For office use:
Schedule #

I certify that the information that I have entered above is true and that I have read and understand the eligibility requirements, enrollment conditions and procedures as stated.

Student Signature _____ Date _____