

Center for International Programs

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Marshall University

Spanish Language and Culture Program – Madrid, Spain

Summer 2017

Instructions

1. Read the information and the forms carefully and fill out the application completely.
2. Complete the enclosed health form. **Students travelling to Europe do NOT need vaccinations.**
3. **All students in this program are REQUIRED to purchase health and accident insurance through the Center for International Programs at Marshall University.** The cost of the policy is approximately \$50 per month. Please contact Mr. Mirek Bialk at bialkm@marshall.edu for instructions.
4. Ask a professor who knows you well to fill out the recommendation form and to send it, via campus mail, to:
Mr. Mirek Bialk at the Center for International Programs in Old Main 321
5. Return the completed and signed application forms with a down payment check for \$970 (payable to the **Marshall University Foundation**) to:
Mr. Mirek Bialk
Center for International Programs
Old Main 321
Marshall University
Huntington, WV 25755
6. Payment for your room and tuition to the Universidad Antonio de Nebrija in Madrid will have to be sent in April. The payments are needed when indicated: **February 20 and March 27, 2017.** **Please be prompt.** Make all checks payable to the **Marshall University Foundation** and send all payments to Mr. Mirek Bialk at the address above.
7. Contact a travel agent in order to make travel arrangements. Purchase your airline ticket as soon as possible and pay attention to the travel dates. If you are going to participate in the:
June program: June 1st - June 28th, you should fly to Madrid May 30, 2017 and return June 29, 2017.
June and July program: June 1st - July 28th, you should fly to Madrid May 30, 2017 and return July 29, 2017.
July program: July 3rd - July 28th, should fly to Madrid July 1, 2017 and return July 29, 2017.
8. In order to travel abroad you must have a valid passport. **If you do not have a passport, apply for one immediately.** If you have a passport, check the expiration date and if it expires before you are scheduled to return to the United States, apply for a new one now.
9. Additional items needed for your participation in the program are:
 - A. A small passport size picture (for the school's ID card and for the public transportation pass).
 - B. One xerox copy of the first page of your passport.
 - C. One xerox copy of your health insurance card.
 - D. One copy of your travel Itinerary/Schedule

Send or deliver above items to Mr. Mirek Bialk at the Center for International Programs in Old Main 321 on or before May 1, 2017.

10. There will be an orientation meeting in April. Time and location of the meeting will be announced later.



Study Abroad Student Personal and Emergency Contact Information Form

PLEASE PRINT

Student Last Name: _____

Student First name: _____

Gender: _____

Date of Birth: _____ Place of Birth: _____

Student ID Number: _____

Current Academic Major: _____ Current GPA: _____

Class level (circle one): Freshman Sophomore Junior Senior

Program Sponsor: _____

Program Name: _____

Host Country: _____

Program Duration (starting and ending dates): _____

Name and emergency contact information for two individuals (with different addresses and phone numbers)

Last Name:	
First Name:	
Relationship to you:	E-mail:
Address:	
Phone	Alternate phone:
First Name:	
Last Name:	
Relationship to you:	E-mail:
Address:	
Phone:	Alternate phone:

In case of an emergency, I hereby grant permission to the Center for International Programs to contact the individuals listed above and to release any pertinent information to them.

Student signature: _____ Date: _____

Academic Data

1. College or University attended: _____
Expected graduation date: _____
 2. Advisor: _____ Dept. _____
 3. I have had _____ years of HS Spanish. I have had _____ semesters of College Spanish.
 4. List on the back or at end of this form the Spanish courses you have had at the College level. Check _____ here if you have never taken a Spanish course.
 5. Travel outside the U. S. List on the back or at end of this form the places and approximate dates. Check here _____ if you have never traveled outside the U. S.
 6. **Not an MU student:** _____ **If you are not a Marshall University student, please write on the back or at end of this form the address of the university and the office to which your transcript should be sent upon completion of the program in Madrid.**
 7. List two academic references.
 - A. Name: _____
Tel: _____ E-mail: _____
 - B. Name: _____
Tel: _____ E-mail: _____
 8. I wish to earn 6 hrs. (June _____ or July _____), 12 hrs. (June and July _____) of credit in the Spanish Language and Culture Program.
 9. I want to enroll in Spanish:

Beginning Level:	Language	101 _____, 102 _____,
Intermediate Low Level:	Language	203 _____, 204 _____.
Intermediate Level:	Intro. Conversation	305 _____, 306 _____
Intermediate Adv. Level:	Advanced Gram. & Comp.	315 _____, 316 _____
	Advanced Gram & Oral Comm.	323 _____, 324 _____
	Spain Cult and Civ.	336 _____
Advanced Level:	Intensive Grammar Review	433 _____
	Cult. and Soc.: Contemp. Spain	446 _____
Advanced/Proficient Level:		
	Literature	Golden Century Lit. 414 _____, Contemp. Lit. 416 _____
	Special Topics:	Survey of Spanish Culture 480 _____,
		Survey of Spanish Literature 481 _____
- (Check two if you want to earn 6 hrs/credits or four if you want to earn 12 hrs/credits.)
10. How did you find out about this program? _____
 11. Explain briefly on the back or at the end of this form why you want to participate in this program.

Applicant's signature

Date



Study Abroad Programs Health Form

This form is intended to determine your health history and any special medical needs you may have while you study abroad. Information provided will be treated confidentially, and any information considered important will be forwarded to your faculty leader or the host institution for the purpose

of serving you as promptly and appropriately as possible should you require medical or counseling services during your time abroad.

PLEASE PRINT

First Name, Last Name								
MU Student ID Number		E-mail		Phone				
Age		Gender		Height		Weight		
Generally, are you in good physical condition?		If NO, please explain.						
YES		NO						
Are you currently being treated for any physical condition?		If YES, please explain.						
YES		NO						
Are you taking any medications?		If YES, please explain.						
YES		NO						
Do you have any allergies to foods, medications, environmental factors, insects, etc.?		If YES, please explain.						
Do you have or have you ever been treated for:							YES	NO
Asthma or other Respiratory Problems								
Cardiac problems								
Diabetes								
Neurological Disorders								
Psychiatric Disorders (including eating disorders)								
Other Problems (if YES, please explain below)								

I certify that all responses made on this Health form are true and accurate, and I will notify the Study Abroad Office hereafter of any relevant changes in my health that occur prior to or during the program. I understand that this form is for information purposes only and in no way implies that Marshall University takes responsibility for my health.

Student Signature: _____ **Date:** _____

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Confidential Recommendation Form

To be completed by a faculty member who is acquainted with the student's academic work.

Name: _____

Is making application to the Spanish Language and Culture Program in Madrid, Spain. Please **very briefly** judge the applicant's ability to adapt to a new environment, emotional stability, scholarly attitudes, and likelihood of profiting from study abroad.

If you were a professor in the program, would you want to have this student in your group?

YES _____ NO _____

Comments: _____

Signature: _____ Date: _____

Dept. _____ Institution: _____

Tel. _____ E-mail: _____

Please return this recommendation to:

Mr. Mirek Bialk
Center for International Programs
Old Main 321
Marshall University
Huntington, WV 25755