

Office of International Student Services

\*

Marshall University  
Spanish Language and Culture Program – Madrid, Spain  
Summer 2018

## 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.**  
**All students in this program are REQUIRED to purchase health and accident insurance at <http://www.insuranceforstudents.com/insurance-plans/study-abroad>.** Click on the Silver Plan. The cost of the policy is approximately \$50 per month. Should you need assistance with this, please contact Ms. Jyotsna Patel at [patel@marshall.edu](mailto:patel@marshall.edu)
3. Ask a professor who knows you well to fill out the recommendation form and to send it, via campus mail, to:  
Jyotsna Patel, Office of International Student Services, Welcome Center
4. Return the completed and signed application forms with a down payment check for \$1000 (payable to the **Marshall University Foundation**) to:  
Ms. Jyotsna Patel  
Office of International Student Services  
Joseph M. Gillette Welcome Center, Room 1A2  
One John Marshall Drive  
Marshall University  
Huntington, WV 25755
5. 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 23 and March 30, 2018. Please be prompt.** Make all checks payable to the **Marshall University Foundation** and send all payments to Ms. Jyotsna Patel at the address above.
6. 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:** you should fly to Madrid June 2<sup>nd</sup>, 2018 and return June 30<sup>th</sup>, 2018.  
**June and July program:** you should fly to Madrid June 2<sup>nd</sup>, 2018 and return July 28, 2018.  
**July program:** you should fly to Madrid June 30<sup>th</sup>, 2018 and return July 28, 2018.
7. 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 six months after you are scheduled to return to the United States, apply for a new one now.
8. 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 copy of the first page of your passport.
  - C. One copy of your health insurance card.
  - D. One copy of your travel Itinerary/ScheduleSend or deliver above items to Ms Jyotsna Patel at the Office of International Student Services in the Welcome Center on or before May 1, 2018.
9. There will be an orientation meeting in April. Time and location of the meeting will be announced later.



# Marshall University Study Abroad Contract

(For MU Study Abroad Exchange Programs, MU Faculty-Led Programs,  
and Non-MU Study Abroad Programs)

This Study Abroad Contract will guide and inform Marshall University students of certain required policies and procedures regarding study abroad. Initial each item in ink after you read it to accept the conditions stated.

## CONDITIONS FOR ENROLLMENT

Students must be at least 18 years old to participate in study abroad programs. Minors may participate in MU faculty-led programs only, if approved to participate by MU faculty-led program director.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

The undersigned will be a student duly enrolled in a study abroad program for which credit shall be granted upon successful completion of the program.

The undersigned will study at \_\_\_\_\_, an MU Study Abroad Exchange Program, MU Faculty-Led Program or Non-MU Program. The undersigned understands that he or she must deliver an executed copy of the Study Abroad Contract to the Study Abroad Office (SA) prior to enrollment in any study abroad program. Completion and delivery of this form is required to enroll in any study abroad program and to receive credit.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**A. ACADEMIC RESPONSIBILITIES:** The undersigned agrees to the following policies and procedures relative to academic matters:

### **Credit Pre-Approval:**

Pre-approval for study abroad credit for **MU Study Abroad Exchange Programs, MU Faculty-Led Programs** and **Non-MU Programs** (MU student pays tuition and fees to the host institution) will be determined by the student's Academic Advisor or Dean. A Study Abroad Credit Approval Form must be completed and turned in to the SA office **BEFORE** a student is approved for his or her study abroad experience. The form must be completed and submitted prior to each term of enrollment in a study abroad program. The Study Abroad Credit Approval Form is a contract between the student and MU stating amount of credit and which credit will be granted for courses taken at another university. In the absence of a current articulation agreement, it is the student's responsibility to provide course descriptions and all other required information needed to determine course equivalencies. Transient Credit, credit taken at another university as a non-degree student, earned from study abroad can be classified as required, elective, equivalent, or unclassified (no match at MU). In cases where course descriptions cannot be determined before a study abroad program begins and where on-site course registration occurs upon arrival, students and advisors should complete the Study Abroad Course Credit Approval Form to the best of their abilities **BEFORE** the student departs. In instances where a student is applying for a program with a competitive placement, course equivalencies will be determined once a student has been accepted to a program and courses have been identified. **It is the student's responsibility to inform the Study Abroad office of any changes in course registration in order to determine new MU course equivalencies and credit hours.** Students and advisors should correspond via e-mail, once the student has arrived overseas and has registered for classes abroad, at which time the Study Abroad Credit Approval Form should be revised. **No course equivalencies or credit hours will be guaranteed for courses that are not approved prior to enrollment in the study abroad program.**

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**Course Registration and Prerequisites:** Study Abroad Registration for **MU Study Abroad Exchange Programs and Non MU Study Abroad Programs** will be coordinated by the Study Abroad Office. Full-time students will be registered for 15 credit hours during Spring or Fall semester and 3-12 hours during summer terms in order to be billed for tuition and room and board (when applicable), or have waivers applied. Registration for actual classes is usually done by the student upon arrival at the exchange institution. MU has no control over the registration process at host institutions, and students must follow the rules for registration and prerequisites at the host institution. **MU Faculty-Led Programs** will set their own policies for course registration and prerequisites.

**It is the student's responsibility to ensure full-time registration by corresponding with the SA office to update the Study Abroad Credit Approval Form with all course equivalency information.**

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**Grades and Credit/No Credit:** MU Study Abroad Exchange Programs and Non-MU Programs may offer transient credit. Grades will be awarded by the host institutions which will appear on the student's MU transcript unless the student selected credit/no credit on their Study Abroad Course Credit Approval Form. The MU transcript will show the name of the host institution, course titles and the number of credit hours earned. Transient credit is given for classes passed with a grade equivalent of "C" or better, as was pre-approved on the student's Study Abroad Credit Approval Form, or as the student can demonstrate retroactively with a course description, the host institution transcript, and any additional required information. Failed classes receive no credit. The SA office recommends that students take their courses for credit/no credit if approved by their academic advisor for their major. **MU Faculty-Led Programs** will set their own policies for grades and credit/no credit.

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**B. FINANCIAL AID RESPONSIBILITY:** The undersigned agrees to the following policies and procedures regarding Financial Responsibility:

**Financial Aid & Scholarships:** Students who utilize financial assistance (scholarships, grants, or student loans) to cover their study abroad educational costs must read the Financial Aid Study Abroad procedures at <http://www.marshall.edu/sfa/eligibility-costs/dual-enrollment-study-abroad/financial-aid-application-procedures-for-study-abroad/>. There is a process that must be followed to receive financial aid for studying abroad, as well as rules that must be followed to renew financial aid & scholarships upon return from study abroad. In addition, students planning to study abroad must meet with the Marshall University Financial Aid Counselor, Sr., staff person who is responsible for study abroad students, for in-depth financial aid counseling.

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**Administrative Fee:** All **MU and Non-MU Study Abroad Program** participants are required to pay a \$100.00 non-refundable study abroad fee. This fee is assessed upon registration for the study abroad courses. Students must also pay any applicable fees required by **ISEP and Non-MU Study Abroad Program** sponsoring institutions and organizations. Students participating in certain exchange programs may be required to pay tuition, room, and board at Marshall University in lieu of paying these fees at their host institutions.

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**Program Fees:** Students enrolled in an **ISEP program** are responsible for the applicable program fee that is submitted with the application. Students enrolled in **Non-MU Programs** are similarly responsible for all mandatory fees as established by such institutions or organizations.

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**Program Cancellation:** The undersigned understands that Marshall University reserves the right to cancel any **MU Study Abroad Exchange or MU Faculty-Led Program** without notice, in which event all refundable monies paid toward program costs will be refunded in full. Each **Non-MU Study Abroad Program** has its own cancellation and refund policy to which the student must adhere.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**Program Withdrawal:** Return passage and all other expenses occasioned by a participant’s voluntary or involuntary withdrawal from a **MU Study Abroad Exchange Program, MU Faculty-Led Program, or Non-MU Study Abroad Program** shall be the sole and exclusive financial responsibility of the student concerned, unless otherwise specified.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**C. BEHAVIORAL RESPONSIBILITIES:** The undersigned assumes full responsibility for understanding and adhering to expected, appropriate behavior while participating in any study abroad program. As a guest in a foreign country, there are certain behaviors which are considered unacceptable and could lead to possible disruption of the program. The undersigned hereby assures the University that he/she shall conduct himself/herself in an appropriate manner which does not infringe upon the customs and mores of the country in which the program is being conducted, nor upon the rights and safety of the undersigned and of other participants of the program. Behavioral responsibilities shall be applicable during the course of the program both when in the company of other program participants and when the undersigned is physically separated from other program participants. When participating in **MU Study Abroad Exchange Programs, MU Faculty-Led Programs, or Non-MU Programs**, the undersigned must adhere to all policies outlined in the Marshall University Code of Student Rights and Responsibilities (see undergraduate catalog). In addition to cultural disruptions, inappropriate behavior may compromise the health and safety of the undersigned. Inappropriate behavior is cause for dismissal from MU programs, without refund, and return flight and other costs will be the student’s sole responsibility.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**Illegal Drugs:** The use or possession of illegal drugs during a study abroad program is cause for immediate dismissal from MU programs without refund. Furthermore, laws in other countries may have severe penalties for those caught with drugs. Neither U.S. Embassies nor MU can do much more than contact your family if you are arrested and detained abroad.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**Arrest:** Inappropriate behavior in some countries may lead to student arrest. It is the student’s responsibility to become informed about the legal systems of the host country (ies) in which they are traveling and studying.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**D. MEDICAL RESPONSIBILITY:** The undersigned acknowledges that there are certain risks inherent in international travel and that Marshall University cannot assume responsibility for the provision of medical services for its students or for the payments thereof. The undersigned is expected to have consulted with a medical doctor, as he/she may have deemed necessary, with regard to any individual medical issues or needs. Further, the undersigned is aware that the University cannot be responsible for attending to any of the medical needs of the undersigned. The undersigned acknowledges that medical services and treatment in other countries may not meet his or her expectations. The way that medical help is provided and how patients are treated is culturally dependent and can vary considerably from one country to another.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**E. Health and Travel Insurance:** The undersigned is aware that, should he/she be hospitalized while in a foreign country or in the United States during participation in the program, the University cannot and does not assume legal responsibility for payment of such costs. Rather, the undersigned understands that all study abroad program participants are required to purchase sufficient medical, travel assistance, evacuation, and repatriation insurance prior to participating in this program. Marshall University shall not assume responsibility for student medical expenses. Participants in MU Study Abroad Exchange Programs and MU Faculty-Led Programs are required to purchase sufficient insurance. Participants in Non-MU Programs may be required to enroll in a specific insurance plan as designated by the institution, organization, or school. Before participating in a study abroad program, students must demonstrate proof of adequate insurance to the Study Abroad office. Students enrolled in the ISEP program are required to purchase international health insurance through ISEP’s insurance program.

The “departure to return” period of coverage is required with the following minimum coverage:

- a. Medical benefits of at least \$100, 000 per accident or illness.
- b. Repatriation of remains in the amount of \$25,000
- c. Expenses associated with medical evacuation of the program participant to home country in the amount of \$50,000.

**Note:** MU international students participating in the Summer Study Abroad programs must consult with the insurer and purchase adequate coverage based on the student’s home country geographic location, and flight costs.

- d. A deductible not to exceed \$500 per accident or illness.

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**F. INOCULATIONS AND VACCINATIONS:** The undersigned understands that prior to their departure they must visit the MU Medical Center, a public health department, or their personal physician who is aware of the International Health Regulations adopted by WHO to ensure that the undersigned has received all required vaccinations and inoculations and has obtained official International Health Certificates. **The undersigned must receive all vaccinations and inoculations required by the host country AND receive the proper certificate of verification from the health care provider.** The undersigned will be checked for appropriate documentation at the immigration desk. The undersigned also understands that if they do not have proof of vaccination or inoculation, they may be either refused admittance to certain countries or given the appropriate shot at the border. In addition, the undersigned understands it is recommended that they check with their physician to determine if they are in need of any additional booster inoculations, immunizations or vaccinations including Hepatitis B, MMR or any others that are deemed necessary.

**Note:** You should make an appointment for international travel vaccinations at least two months prior to your departure date. Vaccinations may require 4 -6 weeks or more to take effect.

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**G. STUDENTS WITH DISABILITIES:** The undersigned acknowledges that the absence of law mandating equal access for individuals with disabilities in some countries may affect their ability to have access to accommodations in certain locations. Disclosure of the disability to MU Office of Study Abroad will ensure that every effort is made to prepare the undersigned for limitations to access in certain locations and for requesting accommodations for a disclosed disability.

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**H. ORIENTATION:** A required pre-departure orientation program will be provided during the semester immediately prior to participation in study abroad for students participating in an **MU Study Abroad Exchange Programs, MU Faculty-Led Programs and Non-MU Programs.** The undersigned agrees to attend the **required** orientation, read any pre-departure information, and ask questions if information is unclear.

**Student Initials \_\_\_\_\_ Parent/guardian initials if the student is a minor \_\_\_\_\_**

**I. LIVING ARRANGEMENTS:** The undersigned acknowledges that housing accommodations vary from one location to another. Because of the nature of the actual arrangements with the institutions and organizations abroad, students may not be free to make their own private living arrangements but in other cases may have no other option than to make their own arrangements. Students accepted for enrollment in an **MU Study Abroad Exchange Programs or MU Faculty-Led Program** agree to accept the housing or facilities provided by the host institution or program, whether it be a university dormitory, apartment or private family. Every effort will be made to accommodate the student's preference, but this can be done only within the limits of available housing.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**J. TRAVEL:** Marshall University does not view study abroad programs as travel tours. While travel during free time can be quite educational, the University does not grant academic credit for travel. Study abroad is academic in nature, and students must expect to invest at least the same amount of time and effort that would be required at home for courses of the same academic level being held through a study abroad program. Travel on weekends and holidays must not conflict with the regular class schedule; students are responsible for making travel plans which will permit them to attend all regularly-scheduled classes and field trips. Students participating in a **MU Study Abroad Exchange Programs or MU Faculty-Led Program** must notify the contact individual in the host country prior to any travel outside of the host city. Students are responsible for obtaining their own passports, visas, and other necessary travel documents. MU is not responsible for students who are unable to participate in a study abroad program because of late application for passports, visas, or other documentation.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**K. STATEMENT OF RISK:** The undersigned acknowledges that the decision to study in a particular region of the world must be made by each student and his or her family in light of their own interpretation of current events. It is regrettable, but true, that nowhere in the world, including many U.S. cities, can one expect a completely safe environment. It is impossible for anyone to predict future events or give guarantees about the course of events in the world. Through the pre-departure information packets and orientations, MU offers students as much information and guidance, as is possible, regarding health and safety issues within the contexts of different cultures. These issues include, but are not limited to the following:

- Alcohol - consumption, public intoxication, laws and arrest
- Drugs – use, possession, sale of, laws and arrest
- Vehicle and other transportation – driving, travel warnings, laws and arrest
- Legal systems in different countries – laws, rights, arrests
- Assault – avoiding attracting attention, when and where to travel, laws and arrest
- Theft - protecting valuables
- Health – over-all wellness and avoiding illness and injury, carrying adequate insurance, visiting a physician before travel, traveling with appropriate medications, prescriptions, and medical records

It is ultimately, each student's responsibility to research the area he/she intends to visit before deciding to participate in any study abroad program.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**L. ACCEPTANCE OF NAFSA GUIDELINES:** The undersigned agrees to read and accept the Responsibilities of Participants section of the Guidelines for Responsible Study Abroad: Health and Safety, created and promoted by NAFSA, that are below.

Participants should:

- Read and carefully consider all materials issued by the sponsor that relate to safety, health, legal, environmental, political, cultural, and religious conditions in host countries.
- Consider their health and other personal circumstances when applying for or accepting a place in a program.
- Make available to the sponsor accurate and complete physical and mental health information and any other personal data that is necessary in planning for a safe and healthy program experience.

- Assume responsibility for all the elements necessary for their personal preparation for the program and participate fully in orientations.
- Obtain and maintain appropriate insurance coverage and abide by any conditions imposed by the carriers.
- Inform parents/guardians/families, and any others who may need to know, about their participation in the program, provide them with emergency contact information, and keep them informed on an ongoing basis.
- Understand and comply with the terms of participation, codes of conduct, and emergency procedures of the program, and obey host-country laws.
- Be aware of local conditions and customs that may present health or safety risks when making daily choices and decisions. Promptly express any health or safety concerns to the program staff or other appropriate individuals.
- Behave in a manner that is respectful of the rights and well-being of others, and encourage others to behave in a similar manner.
- Accept responsibility for their own decisions and actions.
- Become familiar with the procedures for obtaining emergency health and law enforcement services in the host country.
- Follow the program policies for keeping program staff informed of their whereabouts and well-being.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**M. COMPLETION OF DOCUMENTATION:** The undersigned agrees to provide, read, complete, and sign the following forms and documents before being permitted to enroll in the study abroad program as well as to provide the Study Abroad Office with:

1. Copy of passport
2. Study Abroad Course Credit Approval Form
3. Emergency Contact Form
4. MU Health Form
5. Proof of health insurance

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**N. OVERSEAS CONTACT INFORMATION:** If participating in an **MU Study Abroad Exchange Program, MU Faculty-Led Program or Non-MU Program**, the undersigned agrees to contact the MU Study Abroad Coordinator upon arrival at their host institution with notification of safe arrival, current phone number, e-mail address, and physical address.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

**O. UPON RETURN:** In order to assist with further promotion and encouragement of study abroad on campus, all study abroad students will be required to do **one thing** to promote the program. This item can be of the student's choice and can include, but is not limited to, the following: classroom presentations, maintaining a blog while abroad, participating in any of the Study Abroad Office's campus events, offering study abroad photos for office use, and other promotional items.

**Student Initials** \_\_\_\_\_ **Parent/guardian initials if the student is a minor** \_\_\_\_\_

## MEMORANDUM OF UNDERSTANDING

I hereby agree to comply with the terms of the Study Abroad Contract, copies of which are attached hereto and incorporated herein by this reference. I certify that I have read these forms, understand the provisions thereof, and agree to be bound hereby.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
\*Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Location (city and country)

\_\_\_\_\_  
Study Abroad Program Sponsor

Academic Term of Study Abroad Program (check all that apply and fill in dates):

Semester	Program Starting Date	Program Ending Date
<input type="checkbox"/> Fall		
<input type="checkbox"/> Spring		
<input type="checkbox"/> Academic Year		
<input type="checkbox"/> Summer		
<input type="checkbox"/> Other		

\_\_\_\_\_  
Mailing Address in U.S. while away on study abroad program

\_\_\_\_\_  
Dates for which the above address is valid

I certify that I have read this form, understand the provisions thereof and agree to be bound hereby.

**\*If student participant is under the age of 18, the signature of a parent or guardian is required below.**

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Original executed document must be submitted to the Study Abroad Office prior to enrollment and participation in the intended Study Abroad program. Faxed copies will not be accepted.**





# 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 (choose one): Freshman    Sophomore    Junior    Senior    Graduate

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 Office of International Student Services to contact the individuals listed above and to release any pertinent information to them.

Student 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 OR TYPE

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.						
<b>Do you have or have you ever been treated for:</b>							<b>YES</b>	<b>NO</b>
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:** \_\_\_\_\_

## Academic Data

- College or University attended: \_\_\_\_\_  
Expected graduation date: \_\_\_\_\_
- Advisor: \_\_\_\_\_ Dept. \_\_\_\_\_
- I have had \_\_\_\_\_ years of HS Spanish. I have had \_\_\_\_\_ semesters of College Spanish.
- 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.
- 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.
- 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.**
- List two academic references.
  - Name: \_\_\_\_\_  
Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_
  - Name: \_\_\_\_\_  
Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_
- I wish to earn 6 hrs. (June \_\_\_\_\_ or July \_\_\_\_\_), 12 hrs. (June and July \_\_\_\_\_) of credit in the Spanish Language and Culture Program.
- I want to enroll in Spanish:

<b>Beginning Level:</b>	Language	101 _____, 102 _____,
<b>Intermediate Low Level:</b>	Language	203 _____, 204 _____.
<b>Intermediate Level:</b>	Intro. Conversation	305 _____, 306 _____
<b>Intermediate Adv. Level:</b>	Advanced Gram. & Comp.	315 _____, 316 _____
	Advanced Gram & Oral Comm.	323 _____, 324 _____
	Spain Cult and Civ.	336 _____
<b>Advanced Level:</b>	Intensive Grammar Review	433 _____
	Cult. and Soc.: Contemp. Spain	446 _____
<b>Advanced/Proficient Level:</b>		
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.)
- How did you find out about this program? \_\_\_\_\_
- Explain briefly on the back or at the end of this form why you want to participate in this program.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Office of International Student Services  
Marshall University  
Spanish Language and Culture Program – Madrid, Spain  
Summer 2018

**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:

Ms. Jyotsna Patel  
Office of International Student Services  
Joseph M. Gillette Welcome Center 1A2  
One John Marshall Drive  
Marshall University  
Huntington, WV 25755



Family Educational Rights and Privacy Act Authorization to Release Information

Please print:

Student Name: Last First Middle

Address: Street City State Zip

Phone: [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ] ext. [ ] [ ] [ ] [ ]

Student ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Date of Birth: [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] Month Day Year

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that Marshall University personnel may provide information from your education records as indicated below. You further acknowledge that: (1) You have the right not to consent to the release of your education records; and (2) this consent shall remain in effect until revoked by you, in writing, and delivered to Marshall University, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

I, the undersigned, authorize Marshall University to release the following educational records and/or any information contained therein:

Please identify specific records, types of records, or indicate "all records":

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

To Person/ Entity Receiving Records: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature Date

STATE OF \_\_\_\_\_,
COUNTY OF \_\_\_\_\_, to wit:

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_.

My commission expires: \_\_\_\_\_.

Notary Public Signature

For Marshall University Use Only:

Received by \_\_\_\_\_ Date \_\_\_\_\_

If request made in person, Photo ID may be used in lieu of Notary. A copy of Photo ID must be attached to request.