

Center for International Programs
*
Marshall University
Spanish Language and Culture Program – Madrid, Spain
Summer 2016

Instructions

1. Read the forms and the information carefully.
 2. Fill out the application form completely.
 3. Complete the enclosed health form. If you are taking any medication, you must have the doctor's prescription. **Students travelling to Europe do NOT need vaccinations.**
 4. **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.
 5. Ask a professor who knows you well to fill out the recommendation form.
 6. Return the completed and signed application forms to:

Mr. Mirek Bialk
Center for International Programs
Old Main 320
Marshall University
Huntington, WV 25755
 7. 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 19 and March 26, 2016). BE PROMPT.
 8. 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, 2016 and return June 29, 2016.
June and July program: June 1st - July 28th, you should fly to Madrid May 30, 2016 and return July 29, 2016.
July program: July 1st - July 28th, should fly to Madrid June 29, 2016 and return July 29, 2016.
 9. 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.
 10. Additional items needed for your participation in the program are:
 - A. Three small passport size pictures (for the school's ID card and for the public transportation pass).
 - B. Two xerox copies 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 on or before May 1, 2016.
11. There will be an orientation meeting in April. Time and location of the meeting will be announced later. Center for International Programs

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Personal Data

1. **Student Name:** _____
2. **M. U. Student ID Number:** _____ **Not an MU Student** ___
3. **Gender (circle one):** **Male** **Female**
4. **Date of Birth:** _____ **Place of Birth:** _____
5. **Country Issuing Passport:** _____ **Passport Number:** _____
6. **Current Address:** _____

7. **Current phone:** _____ **Email:** _____
8. **Permanent Address:** _____

9. **Permanent Phone:** _____
10. **Length of Stay Abroad (approx.dates):** _____
11. **Name and Emergency information for two people (with different addresses):**

Name:	Name:
Relationship to you:	Relationship to you:
Address:	Address:
Phone:	Phone:
Alt Phone:	Alt Phone:
Email:	Email:

In case of emergency, I hereby grant permission for Marshall University’s Center for International Programs and the program leader to contact the individuals listed above and release any pertinent information to them.

Signature

Date

Center for International Programs

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Marshall University

Spanish Language and Culture Program – Madrid, Spain

Summer 2016

Academic Data

1. Student name: _____
2. M. U. Student ID Num.: _____ Not an MU Student ___
3. High School attended: _____
4. Date of High School Graduation: _____
5. College or University attended: _____
6. Current major: _____ Coll./Dept.: _____
7. Advisor: _____
8. Current Academic Level (circle one): Freshman Sophomore Junior Senior
9. Expected graduation date: _____
7. I have had _____ years of HS Spanish. I have had _____ sems. of College Spanish.
8. List the Spanish courses you have had at the College level. Check _____ here if you have never taken a Spanish course.
9. Travel outside the U. S. List the places and approximate dates. Check here _____ if you have never traveled outside the U. S.
10. **If you are not a Marshall University student, write on the back the address of the university and the office to which your transcript should be sent upon completion of the program.**
11. List two academic references.
 - A. Name: _____
Tel: _____ E-mail: _____
 - B. Name: _____
Tel: _____ E-mail: _____
12. I wish to earn 6 hrs. (June _____ or July _____), 12 hrs. (June and July _____) of credit in the Spanish Language and Culture Program.

13. 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.)

14. How did you find out about this program? _____

15. Explain briefly on the back of this page why you want to participate in this program.

Applicant's signature _____ Date _____

Parent's signature (if under 18) _____ Date _____

Make down payment check for \$965 payable to **Marshall University Foundation** and send it along with this application to:

Mr. Mirek Bialk
Center for International Programs
Old Main 320
Marshall University
Huntington, WV 25755

**Second Payment: \$ 1000, due February 19, 2016 payable to
Marshall University Foundation**

**Final Payment: \$ 1000 (June or July) or \$ 3815 (June and July), due March 26, 2016
payable to Marshall University Foundation**

Center for International Programs

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Marshall University

Spanish Language and Culture Program – Madrid, Spain

Summer 2016

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 320
Marshall University
Huntington, WV 25755



Study Abroad Programs Health Form

Center for International Programs

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 for the purpose of serving you as promptly and correctly as possible should you require medical or counseling services during your time abroad.

To Be Completed By Applicant (please print)

First Name	Middle Initial	Last
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Program/Course Name

Age	Gender	Height	Weight
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Generally, are you in good physical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain.
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Are you currently being treated for any physical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please explain.
---	------------------------

Are you taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe.
--	-------------------------

Do you have any allergies to foods, medications, environmental factors, insects, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please describe.
---	-------------------------

Do you have or have you ever been treated for	Yes	No
Asthma or other Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Disorders (Including eating disorders)	<input type="checkbox"/>	<input type="checkbox"/>
Other Problems	<input type="checkbox"/>	<input type="checkbox"/>

Is there any additional health information that would be helpful for the faculty leader to be aware of during your program? Please describe below.

Medical Insurance

All students are required to be covered by a medical insurance policy while they are abroad. Please check with your insurance company to see if your benefits extend to another country.

I am insured for any medical expenses which may incur while I participate in this program. This policy is with

Insurance Company	Policy Number
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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 the start of 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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Marshall University
Study Abroad Programs Health Form

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To Be Completed By Applicant (please print)

First Name:

Middle Initial:

Last Name:

Program Name: Spanish Language and Culture Program – Madrid, Spain. Summer 2016

Age:

Gender:

Height:

Weight:

Generally, are you in good physical condition? Yes ___ ; No ___

If no, please explain: _____

Are you currently being treated for any physical condition? Yes ___ ; No ___

If so, please explain: _____

Are you taking any medication? Yes ___ ; No ___

If so, please explain: _____

Do you have allergies to foods, medications, insect bites, environmental factors, etc.?

Yes ___ ; No ___

If so, please explain: _____

Do you have or have you ever been treated for:

Asthma or Other Respiratory Problems Yes ___ ; No ___

Cardiac Problems Yes ___ ; No ___

Diabetes Yes ___ ; No ___

Neurological Disorders Yes ___ ; No ___

Psychiatric Disorders Yes ___ ; No ___
(including eating disorders)

Other Problems Yes ___ ; No ___

Is there any additional health information that would be helpful for the faculty leader to be aware of during your participation in the program? Please describe below:

Medical Insurance

All students 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.

I am insured for any medical expenses which I may incur while I participate in this program.

I certify that all responses made on this Health Form are true and accurate, and I will notify the Study Abroad Office at the Center for International Programs hereafter of any relevant changes in my health that occur prior to the start of 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
