

MLSA PROGRAMS APPLICATION & REGISTRATION FORM

MUST INCLUDE "Release and Agreement", pg.23

I AM APPLYING TO ATTEND:

UNIVERSIDAD COMPLUTENSE DE MADRID

UNIVERSITÀ DI FIRENZE (Florence)

UNIVERSIDAD ANTONIO DE NEBRIJA (Madrid)

UNIVERSITE LUMIERE LYON

UNIVERSIDAD DE COSTA RICA

Program fee \$ _____

IMPORTANT INSTRUCTIONS

1. Provide all information and sign.
2. Include "Release and Agreement".
3. Enclose \$100 registration fee.
4. Include one passport-size recent head shot color photo with first & last name on the back.

PERSONAL DATA (Your name as it would appear on your passport and in your transcript)

Name _____ Date _____
First Last

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email (Important!) _____ Alternate/Back-up Email _____

Date of birth ____/____/____ Age ____ Sex M ___ F___ Citizenship: USA ____ Other _____

Passport # (send later if unavailable) _____ Driver's License # or student I.D. _____

Teacher ___ Student ___ Other ___ High School ___ University ___ Freshman ___ Sophomore ___ Junior ___ Senior ___

Completed to date: Graduate ___ Undergraduate ___ Degree _____ Major _____ Minor _____

Academic Advisor's name, e-mail, phone number: _____

How did you hear of the MLSA program? _____

Student ___ Faculty member ___ Study Abroad Office ___ Other (please specify) _____

Name and mailing address of the office and institution where you want the transcript to be sent _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Relationship _____

Home phone (____) _____ Work phone (____) _____ Cell (____) _____

Address (city, state, zip) _____

E-mail Address: _____

PARTICIPANTS MUST PROVIDE THE FOLLWING FLIGHT INFORMATION. *When available.*

(E-mail or mail itinerary. Not to be sent later than 35 days before departure):

Arrival Date _____ Originating City _____ Airline _____ FLT. # _____ Arrival Time _____

Return Date _____ Return City _____ Airline _____ FLT. # _____ Departure Time _____

MEDICAL DISCLOSURE While not required, it is advisable that health concerns, both mental and physical, be disclosed to MLSA at the time of application. The disclosure of this information will not result in our denying admission to any student, but will allow MLSA to prepare and/or provide information relevant to his/her selected program in a timely manner. Disability services vary by program, university, and country, thus MLSA cannot guarantee that all services offered at a participant's home university can be matched abroad. Efforts are made to provide special accommodations, within reason. However, differences in disability services can be significant from one country or city to another, and it is beneficial to all involved if students are fully advised of services in advance. The differences in disabilities services within a particular city or host university will not be grounds for grade contestation or exceptions to our cancellation policies.

1. Is the applicant in good physical and mental health? Yes ___ No ___
2. Has the applicant ever required psychiatric care? Yes ___ No ___
3. Is the applicant under medical treatment? Yes ___ No ___
4. Do you have any allergies or require special medical attention that may affect your travels? Yes ___ No ___
5. Do you require special assistance? Yes ___ No ___ (If yes to 2-5, please explain and attach details.)
6. Do you smoke? Yes ___ No ___

COMPLETE YOUR APPLICATION: 1) Sign and include the "Release and Agreement", pg.2. 2) Enclose a \$100 check payable to MLSA for your registration fee. 3) Include two passport photos. 4). Mail to **MODERN LANGUAGE STUDIES ABROAD**, P.O. Box 548, Frankfort, IL 60423.

I have read and agree to the terms and conditions outlined in the Release and Agreement.

Signature of the Applicant _____ Date _____

FOR MINORS: If applicant is under 18 years of age, the following statement must also be completed and signed in front of a public notary.
I certify that I'm the parent or legal guardian of the applicant named above, that I have read and that I understand the brochure and the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the applicant.

Signature of Parent or Guardian _____ Date _____

Signature and Seal of Public Notary _____ Date _____

PROGRAM & COURSE SELECTION

COURSE OFFERING IS SUBJECT TO CHANGE. COURSES OFFERED ARE BASED ON A MINIMUM ENROLLMENT.

UNIVERSIDAD COMPLUTENSE DE MADRID - SELECT YOUR PROGRAM AND COURSES.

Fall Quarter (Late-Sept. – Mid-Dec.) ___ **Winter Quarter** (Early Jan. – Late March) ___ **Spring Quarter** (Late March – Late June) ___
Intensivo I (First Two Weeks July) ___ **Intensivo II** (Last Three Weeks July) ___
General (Four Weeks July) ___ **Superior (501 / 502 Courses)** (Four Weeks July) ___ OR (Two Weeks July) ___

Courses in Grammar: 101/102 ___ 203/204 ___ 300 ___ 400 ___ 500 ___

[OR]

Courses in Culture, Literature, Composition, or Conversation (CHOOSE TWO):

430 Spanish Culture and Civilization ___ 415 Composition II ___ 420 Conversation II ___.

Superior Courses in Literature, Linguistics, Methodology: 501/502 ___

*Optional Lectures for additional credit are to be registered for and paid on-site. (Available if you've completed 203 or above.)

Courses taken in Spanish lately _____

Courses for Semester programs may vary. An MLSA representative will contact you after you apply to discuss courses.

UNIVERSIDAD ANTONIO DE NEBRIJA (Madrid) - SELECT YOUR PROGRAM AND COURSES.

Fall Semester (Mid-Sept. – Late Dec.) ___ **Spring Semester** (Early Feb. – Mid-May) ___ **Winter (Month)** (Early Jan. – Early Feb.) ___
Summer I (Early June – Late June) ___ **Summer II** (Early July – Late July) ___ **Summer I & II Combo** (Early June-Late July) ___

Undergraduate Language and Culture Courses (Please select two. Course titles, levels, and descriptions on pg. 7)

CH1601 ___ CH1611 ___ CH2601 ___ CH1651 ___ CH2611 ___ CH2651 ___ CH3601 ___ CH3641 ___ CH4601 ___ CH4621 ___ CH4641 ___

Electives for Advanced Undergraduate and Graduate Learners (Please select two. Course titles, levels, and descriptions on pg. 7)

Summer I (June) CH3691 ___ CH4652 ___ CH3421 ___ CH3131 ___ I plan on taking these for **graduate level** credit. Yes ___ No ___

Summer II (July) CH 3421 ___ CH3681 ___ CH4631 ___ I plan on taking these for **graduate level** credit. Yes ___ No ___

Electives Taught in English – All Levels (Please select two. Course titles, levels, and descriptions on pg. 7)

Summer I (June) Art in Spain ___ European Studies ___

Summer 2 (July) Art in Spain ___ European Studies/Spain Today ___ International Management ___

Courses taken in Spanish lately _____

Courses for Semester programs may vary. An MLSA representative will contact you after you apply to discuss courses.

UNIVERSIDAD DE COSTA RICA

Summer I & II Combo (Late May - July) ___ Select courses for Summer 1 and Summer 2 programs.

Summer I (Late May– Late June) ___

CHOOSE ONE: 8:00AM-1:20PM 101 ___ 102 ___ 203 ___ 204 ___ 410 ___

OR CHOOSE TWO: (Select one from each time block.)

8:00AM-10:25AM: 315 ___ 415 ___ 450 ___ 550 ___

10:55AM-1:20PM: 320 ___ 420 ___ 430 ___ 530 ___

Summer II (Late June – Late July) ___

CHOOSE ONE: 8:00AM-1:20PM 101 ___ 102 ___ 203 ___ 204 ___ 410 ___ 510 ___

OR CHOOSE TWO: (Select one from each time block. Indicate 1st, 2nd, and 3rd choice for each time block.)

8:00AM-10:25AM: 315 ___ 407 ___ 415 ___ 430 ___ 451 ___ 515 ___ 550 ___ 561 ___ 585 ___ 5261 ___ 5262 ___

10:55AM-1:20PM: 320 ___ 420 ___ 430 ___ 450 ___ 496 ___ 507 ___ 520 ___ 530 ___ 580 ___ 594 ___ 595 ___ 596 ___ 597 ___

Courses taken in Spanish lately _____

UNIVERSITÀ DI FIRENZE (Florence)

I PLAN TO ATTEND: Graduate level ___ Undergraduate level ___

6-Week (Mid-June to Late July) ___ **4-Week Program** (Mid-June to Mid-July) ___ **2-Week Program** (Mid-June to Late June) ___

CHOOSE ONE: ELEMENTARY (A1 – A2) ___ INTERMEDIATE (A2-B1) ___
ADVANCED INTERMEDIATE (B1-B2) ___ SUPERIOR (C1) ___

Courses taken in Italian lately _____

UNIVERSITE LUMIERE LYON 2

Applicants for Lyon, France, please contact MLSA at 815-464-1800 or info@mlsa.com .

RELEASE AND AGREEMENT for all programs (must be signed by the participant)

I, _____, an applicant for the study program sponsored by Modern Language Studies Abroad (hereby referred as MLSA) agree to the following understanding, binding upon myself and my parents or guardians, if I am under 21 years of age, and upon MLSA.

I, the undersigned (or my guardian if I am a minor) acknowledge that MLSA, its employees and agents, my school board, the teachers, counselors, my local school, the host universities in this country and overseas are not responsible for damages or other liability in connection with the program, or for events beyond their control such as (without limitations) strikes, war, terrorism, loss or theft of personal belongings, delays, weather, acts of God, or government regulations and restrictions; or hotels, restaurants, and other suppliers of program services. I agree to release MLSA, its agents and employees, my local school, the teachers, counselors, directors, and host universities overseas from all claims arising out of such events, acts or omissions.

I understand that MLSA cannot be held responsible for my health, safety and well-being during stay-ahead/behind periods, when I am absent from supervised activities or if I fail to follow the directions of the directors of the program. If I become ill or incapacitated MLSA will assist a student in case of an emergency. I grant MLSA, its personnel or university teachers at their discretion to place me, at my own expense, in a hospital at any point for any services and treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment. MLSA and its personnel are further authorized to fly me back to the United States at my expense (or my parents) for medical treatment, if this is deemed necessary by MLSA in consultation with local medical authorities.

I agree to abide by the Participant's Behavior regulations and I understand that MLSA has full authority to terminate participants in its programs and reserves the right to enforce group rules and standards of conduct explained in the brochures and literature. I understand that my failure or refusal to comply with such rules may entail my termination as a participant and my return home at my own or my parents' expense and that I will have no right to refund of any part of my program fees. I will indemnify MLSA, its employees and agents for any financial liability or obligation which I personally incur, or injury, or damage to the person or property of others which I cause, while participating in the MLSA program.

MLSA is the principal agent and is responsible to participants in making arrangements for all services and accommodations included in the program. MLSA shall not be responsible if airlines, restaurants, ground transportation companies and other suppliers of arrangements fail to provide their service or accommodations exactly as set forth in the program literature.

MLSA may cancel any program or any course at the university for insufficient enrollment or otherwise, and may alter transportation arrangements, programs, itineraries, and departure dates and/ or substitute airlines and equipment as required. I agree to accept any such changes without liability for refund.

In addition, I understand that MLSA's program prices are based on currently applicable airline tariffs, ground transportation rates, hotel, residences and home stay rates, tuition rates, applicable government taxes, government regulations and currency exchange rates in effect at the time of printing the brochure and are subject to change depending on the tariffs, regulations and rates. I agree that MLSA reserves the right to increase the price of any program by the amount of an increase in its costs. I agree to pay such increased fees and shall not be entitled to cancel my reservations from the program without penalties as set forth in the cancellation and refund section of this agreement and receive a refund solely on this ground.

I agree that any film likeness taken of me while participating in the MLSA program and any of my comments or statements may be used in future materials published by MLSA.

I understand that I am responsible to obtain the required documentation, including passports, visas and health certificates. My failure to do so will not entitle me to any refund.

I understand that if I wish to cancel my reservation in the program, I must to do so in writing to MLSA - P.O. Box 548, Frankfort, IL 60423. Verbal cancellations will not be honored. The postmark of the USA Postal Service will be the effective determining date for all cancellations. I accept the terms of the Refund Policy as outlined in the brochures and specified here. If a participant withdraws more than 60 days before leaving he/she receives full refund, less \$400; if he/she withdraws 59 to 30 days before departure he/she receives partial refund, but the amount withheld will be a minimum of \$900; 29 days or less prior to departure, participants will be refunded 20% of total cost. The \$100 registration fee is non-refundable. Once the trip has begun, NO REFUNDS WILL BE MADE UNDER ANY CIRCUMSTANCES FOR ANY REASON for tuition, unused accommodations, meals, land/airline transportation, excursions, hotels or other activities. No reduction or refunds will be made from services omitted by me and no substitutions will be allowed for services not used. Services cannot be transferred to another person. We recommend the purchase of Trip Cancellation Insurance. We can supply you with forms and suggested companies.

I agree to forward payments by dates due. A service charge of \$200 per person will be assessed to students joining the program after April 10 or participants who fall behind in their payment schedule. Students enrolling less than 75 days before departure must send full payment with the application.

I certify that I have read in full the RELEASE AND AGREEMENT and agree that all terms and conditions stated therein are fully incorporated in this agreement and the brochure. I agree to be bound hereby, and to comply therewith. I further understand that this agreement will be effective only upon my acceptance by MLSA as participant in the program and shall be governed by the laws of the state of Illinois.

I have read and agree to the terms and conditions outlined in the Release and Agreement.

Signature of the Applicant _____ Date _____

FOR MINORS: If applicant is under 18 years of age, the following statement must also be completed and signed in front of a public notary.
I certify that I'm the parent or legal guardian of the applicant named above, that I have read and that I understand the brochure and the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the applicant.

Signature of Parent or Guardian _____ Date _____

Signature and Seal of Public Notary _____ Date _____