



APPLICATION FOR STUDY ABROAD

rudent's Name first		middle	last	
Place of Birth				
Date of Birth	mm / dd / yy	Passport number		
Citizenship	_	Expiration Date		
Sex	Male Female Non-binary	Country of Issue		
Permanent H	Home Address	Current Mailing Address until (date)		
Street		Street/box/building		
City/Town		City/Town		
State	Zip Code	State	Zip Code	
Country		Country		
Home Phone		Cell Phone		
		Ļ	Is this number available on WhatsApp?	
Email				
	ontact Information al guardian must be listed as your primary emergency contac	ct. Please provide complete informati Contact 2	ion for both contacts.	
_		Nama		
Name Relationship		Name Relationship		
to you 🗆		□ to you □		
Day phone Evening/		Day phone Evening/		
cell phone		cell phone		
Email Address		Email Address		





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itudent's Name	middle	last
- Academic Information	made	1030
Current College		
or University		
Major(s)	Minor	
Cumulative GPA on a 4.0 scale	Graduation Dat	te
Current Class freshman sophomore	☐ junior ☐ senior ☐ other	r
Other colleges attended		
List any courses you plan to ta	ake prior to studying at the CLM not indicated	on your current transcript:
	2	
course # title	course # t	itle
course # title	4 course # t	ritle
dicate the highest level of Spanish language course	e(s) completed (high school or college):	
Extended Semester Programs Intensive Spanish Language Month + Spanish Language and Culture Semester	☐ Fall 20 ☐ Spring 20	0
Semester Programs		
Spanish Language and Culture Semester	☐ Fall 20 ☐ Spring 20	0
Intensive Spanish Language Semester	☐ Fall 20 ☐ Spring 20	
Quarter Programs		
Intensive Spanish Language Quarter	☐ Fall 20 ☐ Winter 20	0
Short-term Programs		
Intensive Spanish Language	☐ January Term 20	Month(s) 20
Summer Programs		
Intensive Spanish Language and Culture	☐ June 20 ☐ July 20	_
Intensive Spanish Language	☐ June 20 ☐ July 20	_
MPORTANT: If you do not place into your cho		
ourse/program. It is your responsibility to cor ower level program. I understand and accept t		at you will receive full credit for the
wei level program, i understand and accept	this responsibility [





OTHER INFORMATION STUDY ABROAD

Student's Name				
	first	middle	last	
Special Needs	Information ————			
	completely so that the CLM is prepared to accestions, please include a paragraph below do			
Are you currently taking an Are you receiving profession	eated for any medical condition? ny prescription medication? onal care for a psychological or emotional co and/or learning disabilities? or dietary restrictions?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No □ No □ No	
Disciplinary	Information —			
The existence of a disciplir currently on academic or di	nary record will be taken into consideration a sciplinary probation will not be admitted into tuation will be considered for early admittan	a Study Abroad Program tl	ne dates of which overlap with t	the probationar
	sciplinary record at your home institution? emic or disciplinary probation?	☐ Yes ☐ N		
If so, when does the proba If you answered "yes" to ei	tion end? Date: ther question above, please submit a brief e	xplanation with your app	ication.	
REMARKS		S	GNATURE*	
		D	ate:	20
governing CLM and with the rest I wish to be informed about cultu I authorize the publication / disse BASIC DATA PROTECTION		her with the <u>Emergency and Self-Pr</u> ized by CLM. YES NO analysis No head says No head says No head says Nochures, etc.	otection Plan.	s
PUF	ISIBLE: Formación y Gestión de Granada SL (Centro de Lenguas M POSE: Enrolment in the chosen course, academic and administra NICON. Execution of contract			

RECIPIENT: Transfer of data provided by law and/or necessary for compliance with the contractual relationship established. International data transfers can be made, in the cases specified in the extended information.

RIGHTS: You have the right to access, rectify and delete data, and other rights, detailed in the additional information.

ADDITIONAL INFORMATION: For more detailed information on Data Protection, please visit our website: https://gdpr.clm-granada.com