



# APPLICATION FOR STUDY ABROAD

## PERSONAL DETAILS

Student's Name  first  middle  last

Place of Birth

Date of Birth

Passport number

Citizenship

Expiration Date

Sex Male  Female

Country of Issue

### Permanent 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

Email

### Emergency Contact Information

Note: A parent or legal guardian **must** be listed as your primary emergency contact. Please provide complete information for both contacts.

#### Contact 1

#### Contact 2

Name

Name

Relationship to you

Relationship to you

Day phone

Day phone

Evening/cell phone

Evening/cell phone

Email Address

Email Address



APPLICATION FOR STUDY ABROAD

Student's Name [first middle last]

Academic Information

Current College or University

Major(s) Minor

Cumulative GPA on a 4.0 scale Graduation Date

Current Class [freshman sophomore junior senior other]

Other colleges attended

List any courses you plan to take prior to studying at the CLM not indicated on your current transcript:

1 [course # title] 2 [course # title] 3 [course # title] 4 [course # title]

Indicate the highest level of Spanish language course(s) completed (high school or college):

[ ]

Program Information

Please indicate the program(s) and period(s) to which you are applying. You can apply to multiple consecutive programs on this single application. See the Program Descriptions page for complete details, pre-requisites and specific dates.

Extended Semester Programs

- Intensive Language + Hispanic Studies Course [Fall 20 Spring 20]
Intensive Language + Language and Culture Course (in Spanish) [Fall 20 Spring 20]
Intensive Language + Language and Culture Course (in English) [Fall 20 Spring 20]

Semester Programs

- Hispanic Studies Course [Fall 20 Spring 20]
Language and Culture Course (in Spanish) [Fall 20 Spring 20]
Language and Culture Course (in English) [Fall 20 Spring 20]
Intensive Spanish Language [Fall 20 Spring 20]

Quarter Programs

- Intensive Spanish Language [Winter Quarter 20 Spring Quarter 20]

Short-term Programs

- One-Month Intensive Language [J-Term 20 Month(s) 20]

Summer Programs

- Intensive Spanish Language and Culture [June 20 July 20]
Intensive Spanish Language [June 20 July 20]

IMPORTANT: If you do not place into your chosen program of study, you will be automatically placed into a lower level course/program. It is your responsibility to confirm with your home school officials that you will receive full credit for the lower level program. I understand and accept this responsibility [ ]



OTHER INFORMATION STUDY ABROAD

Student's Name [first middle last]

Special Needs Information

Please fill this section out completely so that the CLM is prepared to advise and assist you to to the fullest extent possible. If you answer "yes" to any of the following questions, please include a paragraph below describing your condition and your current treatment. This information is kept strictly confidential.

- Are you currently being treated for any medical condition?
Are you currently taking any prescription medication?
Are you receiving professional care for a psychological or emotional condition?
Do you have any physical and/or learning disabilities?
Do you have any allergies or dietary restrictions?

[Large empty box for describing conditions and treatments]

Disciplinary Information

The existence of a disciplinary record will be taken into consideration as part of the overall review of a student's application. A student who is currently on academic or disciplinary probation will not be admitted into a Study Abroad Program the dates of which overlap with the probationary period.

- Do you have an existing disciplinary record at your home institution?
Are you currently on academic or disciplinary probation?

If so, when does the probation end? Date: \_\_\_\_\_

If you answered "yes" to either question above, please submit a brief explanation with your application.

[Large empty box for explaining disciplinary records]

REMARKS

SIGNATURE\*

Date: \_\_\_\_\_ 20\_\_

- \* By signing this document you accept to having read and agreed with the processing of your data according to the information provided below.
I wish to be informed about cultural and sports activities, trips, promotions, courses, etc. organized by CLM. YES NO

BASIC DATA PROTECTION INFORMATION

RESPONSIBLE: Formación y Gestión de Granada SL (Centro de Lenguas Modernas).
PURPOSE: Enrolment in the chosen course, academic and administrative management.
LEGITIMIZATION: Execution of contract.
RECIPIENT: Transfer of data provided by law and/or necessary for compliance with the contractual relationship established.
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