



Application for Summer Study Abroad Program

*GROUP PROGRAM OF 15 OR MORE STUDENTS
WITH A SIMILAR LEVEL OF SPANISH*

Please clip 2 passport-size
photographs here.

Last Name.....First Name.....Middle Name or Initial.....

Present Mailing Address.....

Present Phone Number.....

Permanent Mailing Address.....

Permanent Phone Number.....

Email address.....

Date of Birth..... Citizenship.....

.....MaleFemale Social Security Number (U.S. students).....

Do you have a valid passport?YesNo (A valid passport is required for travel to Spain for non-members of the European Union)

Present College or University

Name of the person who organized your group

Email of the person who organized your group.....

Present Year in University.....

Major/Minor.....

Cumulative Grade Point Average on 4.0 Scale..... Please request official transcripts from all colleges and universities attended. Transcripts must be mailed directly from the registrar's office to Centro Universitario Estema.

Emergency Contact Name.....

Address

Telephone

Background in languages.....

List language courses in which you are currently enrolled.....

What are the dates of your group's program?

Please list courses (maximum two courses) your group is interested in taking (see Summer Study Abroad

Program brochure or webpage)* (1.) (2.)

* Your university may also request other options for subjects. Please keep in mind that there must be a minimum of 15 students with a similar level of Spanish per course.

ACCOMMODATION INFORMATION:

Are you a smoker? Yes..... No.....

Do you prefer a family without pets? Yes..... No..... It doesn't matter

Roommate preference.....

Do you follow a special diet? Yes..... No.....

If the answer to the above question is "yes", please explain:

.....

Medical information: (please list any medical conditions and explain in detail, using a separate sheet if necessary.)

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Name of person writing letter of recommendation

How did you learn about our program?

If you learned about our program through an Agent, please state Agent's name.....

I have correctly completed all information.

.....

Applicant's signature

Date

Please mail this form along with the signed Conditions of Participation sheet to (Documents may also be faxed to: +34 96 131 8189, and your application will be processed and put on hold until the original documents arrive.)

Stan McDaniel, Study Abroad Program

FUNDACIÓN ESTEMA

Parque Tecnológico - C/Benjamín Franklin, 18

46980 Paterna (Valencia)

Spain

Your application will be considered once a deposit of 300€ has been received. Please refer to the brochure or website for instructions on payment.

www.estema.es/study_in_spain

