

# 2017 SUMMER ABROAD APPLICATION



## American Institute For Foreign Study®

1 High Ridge Park  
Stamford, CT 06905  
Phone 800.727.2437  
college.info@aifs.com  
www.aifsabroad.com

### Instructions

1. Please type or print legibly in blue or black ink.
2. Provide proper non-refundable \$395 deposit in Section F. If enclosing a check, make it payable to the American Institute For Foreign Study.
3. Be sure you have read the payment schedule and refund policy in the catalog (page 251) or www.aifsabroad.com
4. Be sure to read and sign the agreement and release in Part G.
5. If your mailing address involves a P.O. Box or Route Box number, please be sure to give an alternate address.
6. Attach an official transcript or student copy of your transcript.
7. **Print your name as it appears on your passport.**

## PART A – GENERAL INFORMATION

Name \_\_\_\_\_  
first middle last

**Please type or print your name exactly as it appears on your passport including middle name and/or initials as this is required by Transportation Security Administration (TSA)**

Birth date / / Sex  male  female Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_ exp. date / /

Race/Ethnicity (optional)  White  Asian or Pacific Islander  Hispanic or Latino(a)  Black or African American  Multiracial  
 American Indian or Alaska Native (This question is for data collection purposes only)

Permanent home address \_\_\_\_\_  
street city state zip

College/school name \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_ Class of \_\_\_\_\_

Address at school \_\_\_\_\_  
street city state zip

Phone—home ( ) \_\_\_\_\_ College/cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Parents/emergency contact name and address \_\_\_\_\_  
 Home telephone ( ) \_\_\_\_\_ Business/cell ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Attach an official or student copy of your transcript with this application.

- I learned about this program from:**  a poster  study abroad office  study abroad fair  AIFS student representative  ad  professor/teacher  
 friend or family member with experience with AIFS  AIFS web site  news article  web site link to AIFS site or other source (if another student, please give name)
- I have:  have not: been contacted by an AIFS representative. If yes, name \_\_\_\_\_  
 AIFS  may:  may not: release my name, address and phone number to other participants on the same summer program.

## PART B – PROGRAM AND COURSE PRE-REGISTRATION

**1.) Program name** \_\_\_\_\_ **2.) Course Dates** \_\_\_\_\_  
*Florence and Athens applicants should indicate if they are applying for the optional tour of Rome.*

**3.) List below the courses you wish to take.** Course numbers and titles are in the AIFS catalog and on the web. This is a pre-registration form for most programs. For transfer credit, approval from the home institution is required before departure. This information is essential for program planning; however, final registration is completed on campus for most programs.

**Students are urged to contact their home institution’s study abroad office to ensure that they comply with the requirements for study abroad. In order to maintain your enrollment status, facilitate academic credit transfer and to use any applicable financial aid it is important that you follow your school’s requirements for study abroad.**

Course number	Title	Course number	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alternate course(s) Richmond London, Florence and Rome students must select alternates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of your study abroad advisor or academic advisor: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## Previous language study

Only students enrolling in a language program need to list previous language study. Enrollment for language courses is determined by a placement test given after arrival.

Language	Level	Year(s) of study
_____	_____	_____
_____	_____	_____

## PART C – FLIGHT SELECTION AND OPTIONAL EXCURSIONS PLEASE CHECK ONE:

If none of the below choices are checked/selected, you will not be added to any AIFS flights. Students failing to request flights and meet deadlines will be required to pay a late transportation fee of \$250 or make their own travel arrangements at their expense. Subsequent flight changes will be subject to applicable fees. Availability of seats on AIFS flights is not guaranteed by the late fee and students may be required to pay a fare differential. Dual Campus students refer to [www.aifsabroad.com/details/travel.asp](http://www.aifsabroad.com/details/travel.asp) for further information and instructions.

**Standard program flights** I will fly with AIFS from \_\_\_\_\_ (U.S. departure city from catalog) on the flight departure and return dates indicated for my program in the catalog

**Alternate return date** (not an option for Russia) I wish to change the return date for my AIFS flight. I will depart from \_\_\_\_\_ (U.S. departure city from catalog), but I will return on another date. I realize this option is available for an additional \$100 if I apply by March 1, 2017.

**Return date choices:** #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**Alternate return date and/return city** (not an option for Argentina, Brazil, Costa Rica, Cuba, Ecuador, Russia or South Africa).

I will depart with AIFS from \_\_\_\_\_ (U.S. departure city from catalog), but I will return from \_\_\_\_\_ (please refer to [www.aifsabroad.com/details/travel.asp](http://www.aifsabroad.com/details/travel.asp) for the alternate international city form). I realize this option is available for an additional \$225 to \$375 if I apply by March 1, 2017.

**Return date choices:** #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

I will provide my own transportation. Airport transfers and the 2-night visit to London, where applicable, are not included for students providing their own transportation.

Name(s) of participant(s) with whom you would like to fly who are departing from the same U.S. city as you (cannot be guaranteed).

Please indicate if you wish to participate in optional excursions offered on your program. You can sign up only for excursions that are part of your program. You must sign up for excursions by April 1, 2017. All payments for optional excursions are due by April 1.

Program	Excursion	Fee
Athens, Greece	<input type="checkbox"/> Cape Sounion	\$115
Athens, Greece	<input type="checkbox"/> Mycenae and Nafplion	\$125
Athens, Greece	<input type="checkbox"/> Nafplion and Epidaurus	\$125
Barcelona, Spain	<input type="checkbox"/> Madrid	\$575
Berlin, Germany	<input type="checkbox"/> Prague (session 2 only)	\$495
Berlin, Germany	<input type="checkbox"/> Warsaw (session 1 only)	\$445
Buenos Aires, Argentina	<input type="checkbox"/> Iguazu Falls	\$425
Cannes, France	<input type="checkbox"/> Paris	\$695
Florence, Italy	<input type="checkbox"/> Venice	\$575
Florence, Italy	<input type="checkbox"/> Rome (Maymester + 7 week)	\$575
Florence, Italy	<input type="checkbox"/> Rome (4-week program)	\$645
Granada, Spain	<input type="checkbox"/> Tangier, Tetouan and Morocco	\$445
Grenoble, France	<input type="checkbox"/> Provence	\$395
Istanbul, Turkey	<input type="checkbox"/> Cappadocia	\$545
London, England: Session A and B	<input type="checkbox"/> Paris	\$575
London, England UCL	<input type="checkbox"/> Paris	\$575
Paris, France	<input type="checkbox"/> Normandy and Brittany	\$345
Paris, France	<input type="checkbox"/> Chateaux of the Loire Valley	\$345
Prague, Czech Republic	<input type="checkbox"/> Kraków and Auschwitz-Birkenau	\$345
Prague, Czech Republic	<input type="checkbox"/> Bratislava, Budapest and Vienna	\$675
Rome, Italy	<input type="checkbox"/> Pompeii, Vesuvius, Naples and Capri (session II only)	\$475
Rome, Italy	<input type="checkbox"/> Venice	\$575
Salamanca, Spain	<input type="checkbox"/> Lisbon	\$495
Salzburg, Austria	<input type="checkbox"/> Innsbruck	\$135
San José, Costa Rica	<input type="checkbox"/> Arenal Volcano	\$175
São Paulo, Brazil	<input type="checkbox"/> Rio de Janeiro	\$745
Stellenbosch, South Africa	<input type="checkbox"/> Garden Route	\$595

## PART D – MISCELLANEOUS

**Specific housing requests cannot be guaranteed. Single rooms are few, not always available and generally reserved for those with special needs.**

Do you have a special diet (e.g., vegetarian or allergies to certain foods)?  Yes  No  
If yes, please specify \_\_\_\_\_

Do you have allergies or chronic ailments of which our Resident Director should be aware?  Yes  No  
If yes, please specify \_\_\_\_\_

Are you receiving medication for any physical or mental condition?  Yes  No  
If yes, please specify \_\_\_\_\_

Have you ever received counseling or treatment for a nervous or emotional problem (e.g., depression, an eating disorder)  Yes  No  
If yes, please specify \_\_\_\_\_

Do you have any special needs which would make it difficult for you to climb stairs or walk long distances?  Yes  No  
If yes, please specify \_\_\_\_\_

Roommate preference (if known). Students wishing to room together must list each other.

1. \_\_\_\_\_
2. \_\_\_\_\_

Do you smoke?  Yes  No Do you object to rooming with a smoker?  Yes  No Are you allergic to house pets?  Yes  No

What time do you get up in the morning? \_\_\_\_\_ What time do you normally go to bed? \_\_\_\_\_

Do you consider yourself a quiet person?  Yes  No Where do you prefer to study?  Room  Library  Elsewhere

What type of music do you prefer? \_\_\_\_\_ Do you normally listen to music in your room? \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No If yes, please provide complete details on an additional sheet.

## PART E – PHOTOS

Attach 3 recent passport photographs with your name and program on the back of each. These are needed for identification purposes overseas. If you do not have them at this time, do not delay in submitting your application. However, please forward the photos as soon as possible and no later than April 1, 2017 (March 1 for Salzburg) to AIFS Study Abroad, 1 High Ridge Park, Stamford, CT 06905.

## PART F – PAYMENT OPTIONS

A **non-refundable** \$395 deposit (\$95 application fee and \$300 deposit) is due with your application (the \$300 deposit is refunded only if your application cannot be accepted. No refund will be considered if you fail to complete the application process or you withdraw your application.)

Please refer to the payment schedule below. If you are accepted after the payment deadline, payment is due immediately. (This is not contingent upon receiving an invoice.)

Check (checks should be made payable to "AIFS")  Money order enclosed for \$ \_\_\_\_\_

## SUMMER PROGRAM DEADLINES

**Application/Deposit** March 1

**Balance of Fees** April 1

## PART G – AGREEMENT AND RELEASE

Students and parent/guardian are asked to sign the application agreeing that this will comprise the agreement between AIFS and its students and parents.

1. I, the undersigned (and my parents or guardian if I am a minor), an applicant for a program of the American Institute For Foreign Study Inc. ("the Institute"), acknowledge that I have read and accept the terms and conditions set forth in the AIFS Academic Year, Summer and Richmond academic catalogs, which are incorporated in this agreement. This agreement is a legally binding contract.
2. I unconditionally release the Institute from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by, any host family, bus or car rental agency, steamship, airline, railroad, taxi or tour service, hotel service, hotel restaurant, school, university or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Institute.
3. I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that the Institute cannot provide supervision or support during periods of independent travel.
4. I agree that if I become ill or incapacitated, the Institute may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I release the Institute from any liability relating to this medical care. I also authorize the Institute to take whatever action it deems to be necessary and in my best interest (including transporting me out of the host country or back to the United States, at my own, or my parents' expense) in the event of political unrest or any other unforeseen event or condition. If the Institute incurs any expense on my behalf that is not covered by insurance, I (and my parents) agree to make immediate repayment upon my return.
5. I will comply with the Institute's rules, standards and instructions, and understand that failure to do so may result in being sent home at my (or my parents') expense, with no refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the Institute, in its sole discretion, determines that my conduct is incompatible with the interests, harmony, comfort or welfare of other students. I (and my parents) agree to indemnify the Institute if I do anything that causes the Institute to sustain financial loss or liability.
6. I agree that as the program participant I am responsible for full payment of all program fees. I understand that full payment is due by the AIFS published deadline, with the exception of any funding, approved by AIFS, from financial aid, loans and/or other sources that is scheduled for disbursement after the payment deadline. Final payment is due upon disbursement of these funds. I further understand I am responsible for full payment of any balance outstanding by the disbursement date, even if expected funding is not disbursed. I understand that my academic transcript will be held until full payment is made and that I will be subject to dismissal from the program for nonpayment of program fees.
7. I understand that the Institute provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death, baggage and tuition refund insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the Institute is not responsible for any uninsured losses.
8. I understand and consent to the Institute's use of statements made by me, and photographs and/or video of me, as a program participant in its publicity and promotional materials.
9. I understand that the Institute reserves the right to make changes, cancellations, or substitutions in cases of emergency or changed conditions, emergency or based upon the interest of the group. I understand that, if I leave the program, There will be no refund of program fees.
10. I understand that obtaining a passport and any other required travel documents is my sole responsibility.
11. If I am an adult, I understand that my traveling companions will be students. I also understand that I may be staying at student residences rather than hotels. I understand that AIFS is unable to guarantee single rooms or rooms with private baths or showers.
12. If I am not a citizen of the United States, I understand and accept that it is my responsibility to obtain all visas and required documents as a result of my not being a United States citizen in order to enter all the countries on my itinerary and participate in the AIFS program. Further, (whether I am a U.S. citizen or not) I shall hold the Institute harmless in the event I cannot obtain the necessary documents for participation in the program. I understand that the inability to obtain these visas and other documents does not constitute grounds for withdrawal with refund.
13. This agreement will be effective when my application is accepted by the Institute and shall be governed by the laws of the State of Connecticut.
14. This agreement cannot be modified except in writing by the Institute.
15. I agree that any dispute with the Institute that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, I understand that I am giving up my right to have any claim against the Institute decided in Court before a judge or jury. By accepting the terms of this agreement, the U.S. Federal Arbitration Act governs the interpretation and enforcement of the agreement. You and AIFS Study Abroad as well as the American Institute For Foreign Study, Inc. are each waiving the right to a trial by jury or to participate in a class action.
16. References in this agreement to "the Institute" shall include the American Institute For Foreign Study, Inc., and all of its agents, employees, affiliated companies, campus directors, chaperones, group leaders, teachers, host school and school officials. All references to "parents" of the applicant shall include the legal guardian or other adult who is responsible for the applicant.
17. I hereby authorize the host university and AIFS to release to my home college/university of record, an academic transcript that documents the courses taken and grades received on my study abroad program.
18. I acknowledge that I am responsible for reading the content of the AIFS Program Catalog and the Program Handbook, and agree to abide by all of the stated requirements of participation.
19. I hereby acknowledge that for incidences pertaining to my health and safety while abroad such as, but not limited to, death, injury, illness, physical or sexual assault, or experience of other sexual misconduct, sexual harassment, arrest, being a victim of a crime, being accused of a crime or failure to attend required Program activities without adequate explanation, AIFS College Study Abroad may report and disclose information concerning any such incidences to my Home Institution.

Student name (please print) \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**All applicants under 18 years of age must have this section completed.** I am the parent or legal guardian of the above (minor) applicant. I have read the catalog and foregoing Agreement and Release, and agree to be bound thereby:

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Student's name \_\_\_\_\_ AIFS Campus Abroad \_\_\_\_\_