

Name: \_\_\_\_\_  
Last First M.I. Preferred First Name

Student ID Number \_\_\_\_\_; Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality \_\_\_\_\_

E-mail address(es) \_\_\_\_\_; ( \_\_\_\_\_ )

Current Address (address until time of departure):

Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (e.g. address of parent, guardian, or spouse):

Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (person to whom UA may release information during your absence):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

May UA release your name and address to present or potential program participants? \_\_\_\_ Yes \_\_\_\_ No

Institution currently attending (circle UA or specify other):

UA Other college/university: \_\_\_\_\_

Class standing at beginning of summer program (circle one):

Freshman Sophomore Junior Senior Other (specify)

Major or Prospective Major(s) \_\_\_\_\_

Minor or Prospective Minor(s) \_\_\_\_\_

Please circle the appropriate responses below :

Gender: Female Male

Citizenship: US Citizen US Resident Alien Nonresident Alien International Student

Date of Birth (mm/dd/yy) \_\_\_\_\_

**ACADEMIC INFORMATION**

Please list or summarize the Spanish courses you will have taken prior to the beginning of the program:

Title	Credits	Grade	Semester and Year
_____			
_____			
_____			
_____			
_____			
_____			

PERSONAL PROFILE (approximately 250 words)  
Please state how this program will help meet your academic and personal goals. (Use the back of this form for additional space.)

Have you ever lived, traveled, or studied in another country?    Yes    No  
If yes, please describe and include dates.

I certify that all statements made on this Summer Study application in its entirety are true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER AND RELEASE**

I, \_\_\_\_\_, will register / have registered for (CIRCLE ONE) Spanish 311 / 697 for Summer 2008. I will be traveling to foreign destinations, including Spain, during July-August 2008. I affirm that my registration for this course is entirely voluntary and understand that it is not required for my academic program. I represent to The University of Akron that I am physically capable of participating in this course and that, to the extent necessary in light of my prior health history, weight and general physical condition, I have consulted my personal physician or other health authority before making such representation. I acknowledge and recognize the risks of illness, personal injury, property damage, and other damage or loss inherent in any travel, and I am aware that vaccinations are recommended. I understand that unanticipated and unexpected dangers may arise. Recognizing that a significant portion of my activities will not be supervised by a University representative, I assume all risk of injury that may arise in connection with my activities. I am responsible for my travel, medical or other personal insurance deemed necessary by myself for domestic or international travel, and represent that I have obtained medical evacuation insurance. I understand that The University of Akron is not responsible for my safety in the event of any accidents or other incidents, including, but not limited to crime, terrorism, riots, revolution, or war that may occur during my domestic or international travel.

In consideration for being granted the opportunity to participate in this program and the use of services and facilities furnished or made available by The University of Akron, as well as the help, assistance and advisory services rendered by members of the faculty and employees of the University, I am hereby waiving and releasing The University of Akron, its employees, agents and representatives, from any and all claims, costs, liabilities, expenses or judgments, including attorney fees and court costs, arising out of my domestic or international travel, or any loss, damage, illness or injury resulting therefrom. I understand that if I should violate the laws or regulations of any country visited, The University of Akron may not be held liable for such conduct and reserves the right to terminate my participation in this course.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Print Full Name Here: \_\_\_\_\_

**HEALTH INFORMATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Date of Birth (mm/dd/yy) Gender

The purpose of this form is to help UA to be of maximum assistance to you should the need arise during your Summer Study experience. Mild physical or psychological disorders can become serious under the stresses of travel. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. The University of Akron may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the program.

**MEDICAL HISTORY**

- Yes No 1. Are you generally in good physical condition? (If no, please explain.)
  
- Yes No 2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)
  
- Yes No 3. Do you have allergies? (If yes, please explain.)
  
- Yes No 4. Are you taking any medications? (If yes, please explain.)
  
- Yes No 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)
  
- Yes No 6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)
  
- Yes No 7. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to be aware of during your Summer Study? (If yes, please explain.)

I certify that all responses made on this Health Information form are true and accurate, and I will notify UA hereafter of any relevant changes in my health that occur prior to the start of the program.

\_\_\_\_\_  
Signature of Participant Date

## HOUSING PLACEMENT INFORMATION

This form may be used to match your preferences and background with a host family. It is important for you to be completely open and honest with regard to all information so that we can select the most appropriate family possible. This form will have no bearing on your acceptance into the program. We cannot guarantee that all of your housing preferences will be met, but we may use this information to help arrange a compatible placement.

**PLEASE TYPE OR PRINT CLEARLY WITH BLACK INK AS THIS FORM WILL BE PHOTOCOPIED.**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Street \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Male Female

Gender (circle one)

### PERSONAL INFORMATION, FAMILY BACKGROUND, AND EDUCATIONAL HISTORY:

College Major (s) \_\_\_\_\_ Year (circle): FR.....SO....JR.....SR...GRAD....Other

Educational and academic interests: \_\_\_\_\_

Leisure and recreational interests: \_\_\_\_\_

Locations traveled in the USA and/or abroad: \_\_\_\_\_

Hometown where you grew up was (circle one) Rural Urban Suburban

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Number and age of sisters and/or brothers: \_\_\_\_\_

Please briefly describe your family (i.e. activities, contact with extended family, trips, etc.):

Have you lived with a host family before? If so, please describe your experience:

SMOKERS	Strongly Against	Slightly Against	Indifferent
PETS	Strongly Against	Slightly Against	Indifferent

Do you have any physical disabilities? If so, please describe below.

**PERSONALITY AND PREFERENCE INFORMATION:**

Would you like to be in a family with children (under age 12)?      Yes      No      Indifferent

Please CIRCLE all the terms which correctly describe you:

- |              |             |             |                |                |              |       |
|--------------|-------------|-------------|----------------|----------------|--------------|-------|
| organized    | independent | social      | adventurous    | quiet          | talkative    | loner |
| shy          | extroverted | noisy       | untidy         | tidy           | light-eater  | moody |
| early-to-bed | night-owl   | early-riser | late-riser     | sense-of-humor | flexible     |       |
| studious     | curious     | churchgoer  | easy-to-please | picky-eater    | eat-anything |       |

*\*\*\*Vegetarians should be aware that not all of the same foods you eat at home are available overseas.*

Please add any information or requests that you think are important. Please put them in order of preference since no one family may be able to meet them all: