



**American Institute
For Foreign Study®**

River Plaza
9 West Broad Street
Stamford, CT 06902-3788

Phone 800.727.2437
Fax 203.399.5597
college.info@aifs.com
www.aifsabroad.com

Save time, apply online!

Go to www.aifsabroad.com and click on "Apply online"

Application checklist

Applications will be considered only when these documents have been received:

- This application completed in full and signed by the applicant (and parent, if the applicant is under 18)
- Non-refundable application fee of \$95
- Complete official transcript of current college attending. See Part F-1
- One academic reference. See Part F-3
(Applicants to the International Internship Program must submit an additional questionnaire and employer reference.)
- Brief essay written and signed by the applicant. See Part F-4
- Disciplinary Clearance Form See Part F
- Completed preliminary course selection with the appropriate signatures. See Part G

Parts A through E, H, your essay and \$95 application fee may be sent ahead of the transcript(s), letter of reference and course selection.

PART A PERSONAL DATA—Please type or print legibly in black ink.

Name _____
(as it appears on passport) first middle last

Social Security # _____ Age on Sept. 1, 2008 _____ Date of Birth _____ male female

Home address _____
street city state Zip

Current college _____
street city state Zip

Personal college mailing address _____
street city state Zip valid until (date)

Personal college phone () _____ Cell phone number () _____

Permanent home phone () _____ E-mail _____

Citizenship _____ Passport # _____ Expiration Date _____
country

Parent's or guardian's name _____ Occupation _____

Home address _____ Phone () _____
street city state Zip

Business phone () _____ Fax () _____

Father's cell phone () _____ Mother's cell phone () _____

Emergency contact _____ Phone () _____

Address _____ Fax () _____
street city state ZIP

I am currently a college: Freshman sophomore junior senior graduate student high school senior

My field of study _____ GPA _____ Graduation _____

Please indicate number of semesters you have studied any of these languages: French _____ German _____

Italian _____ Russian _____ Spanish _____ Other languages(Specify) _____

I first learned about this program from: poster study abroad office study abroad fair news articles internet

library AIFS student representative campus meeting friend/family member who has experience with AIFS

ad other _____

I have I have not been contacted by an AIFS representative. Her/his name _____

I was referred by another student _____

PART B – PROGRAM DATA

Check one program only per semester.

Argentina, Pontificia Universidad Católica Argentina

academic year fall semester spring semester

Australia, Macquarie University/University of the South Pacific

academic year July-December February-June

optional visit to the Great Barrier Reef (\$745)

Austria, University of Salzburg

academic year fall semester spring semester

China, Nanjing University

fall semester spring semester

China, Shanghai International Studies University/ Shanghai University of Finance and Economics

fall semester spring semester

Czech Republic, Charles University

academic year fall semester spring semester

optional visit to Vienna (\$245)

England, Richmond, The American International University in London

academic year fall semester spring semester

England, Richmond, The American International University in London, International Internship Program

(Students must download a separate application form at www.aifsbroad.com.)

fall semester spring semester

France, Collège International de Cannes

academic year fall semester spring semester

optional visit to Florence (\$445)

France, University of Grenoble

Intensive French Language Program

French Language and Culture Program

academic year fall semester spring semester

France, Grenoble School of Management

academic year fall semester spring semester

France, University of Paris

academic year fall semester spring semester

fall quarter

Hungary, Corvinus University of Budapest

academic year fall semester spring semester

optional visit to Prague (\$345)

optional visit to Transylvania (\$395)

India, University of Hyderabad

academic year fall semester spring semester

Ireland, University of Limerick

academic year fall semester spring semester

Italy, Richmond in Florence

academic year fall semester spring semester

Italy, Richmond in Rome

academic year fall semester spring semester

Russia, St. Petersburg State Polytechnic University

academic year fall semester spring semester

South Africa, Stellenbosch University

academic year July-November January-June

Spain, University of Granada

academic year fall semester spring semester

optional visit to Morocco (\$425)

Spain, University of Salamanca

academic year fall semester spring semester

optional visit to Lisbon (\$395)

optional visit to Marrakech (\$625)

Student's name _____ AIFS campus abroad _____

PART C FINANCIAL INFORMATION

1. Who will be paying tuition fees? (Circle as many as apply) Yourself Parents Trust fund Scholarship Financial aid
2. If scholarship, describe in detail source, type and amount—in particular when these funds are available.

Students on financial aid are responsible for full payment of all fees if the financial aid award is not granted in full or in part.

Invoices are sent to the permanent home address unless otherwise instructed.

PART D TRAVEL TO/FROM CAMPUS

Please refer to pages 199-200 of the catalog for full information about travel arrangements to and from your AIFS campus and flight options.

Flights

1. Round trip flights from selected departure cities are included in the “with flight” fees. Students wishing to provide their own transportation may do so and must pay the “without flight” fee quoted in the corresponding program chapter. Airport transfers are not included for students providing their own transportation.
2. Programs in Budapest, Cannes, Florence, Granada, Grenoble, Paris, Prague, Rome, Salamanca, Salzburg, Stellenbosch and St. Petersburg include a 3-day London stopover. Students making their own flight arrangements and not wishing to participate in the London stopover are ineligible for a stopover rebate. (London stopover details will be provided to students who have made their own flight arrangements and indicate that they wish to participate in the stopover).
3. Students failing to request flights upon application or who fail to meet deadlines will be required to pay a late transportation fee of \$250 with any subsequent written request or make their own travel arrangements at their expense. Availability of seats on flights is not guaranteed by the late fee, and students may be required to pay a fare differential.
4. After tickets have been issued, only date changes can be made to your ticket; routing changes are prohibited by the airlines. All requests are subject to airline availability, fees and rules. For return date changes after tickets are issued, please view the student login at www.aifsabroad.com/login for information on how to request a return date change after arrival on campus.
5. Full year students are entitled to one round trip flight included in the “with flight” fee returning on the scheduled return date for the spring semester. Full year students wishing to use their return ticket at the end of the fall semester should complete the alternate date request in the next section. Full year students returning to the U.S. at the end of the fall semester may purchase an additional round trip flight to return to campus for spring semester through AIFS. Interested students should contact their Admissions Officer.
6. All flights arranged by AIFS must depart from and return to the same U.S. city and this is not subject to change.

Select your transportation arrangements and applicable options by completing the section below:

I. Travel with AIFS

Outbound travel arrangements

I will be taking the round trip AIFS flight from the following departure city on the scheduled departure date of my program as indicated in the AIFS catalog.

- | | | | |
|---|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Boston | <input type="checkbox"/> Buffalo | <input type="checkbox"/> Chicago |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Dallas | <input type="checkbox"/> Denver | <input type="checkbox"/> Des Moines |
| <input type="checkbox"/> Detroit | <input type="checkbox"/> Houston | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Miami |
| <input type="checkbox"/> Minneapolis/St. Paul | <input type="checkbox"/> New York | <input type="checkbox"/> Newark | <input type="checkbox"/> Orlando |
| <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Phoenix | <input type="checkbox"/> Pittsburgh | <input type="checkbox"/> Portland |
| <input type="checkbox"/> Raleigh/Durham | <input type="checkbox"/> San Diego | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> St. Louis | <input type="checkbox"/> Tampa | <input type="checkbox"/> Washington/Dulles | |

PART D TRAVEL TO/FROM CAMPUS CONTINUED

Return travel arrangements

- I will be returning from the scheduled departure city on the scheduled departure date as indicated in the AIFS catalog.
- Instead of the scheduled return date of my program, I would like to return from the scheduled program departure city on a different date. This does not apply to the China and Russia programs. I realize this option is available for an additional fee of \$100 if I apply by the application deadline. My preferred return flight date is (in order of preference):

(1) _____ (2) _____ (3) _____

(All efforts will be made to secure the first choice. Requests for alternate return dates are not accepted less than 60 days prior to the scheduled departure date from the U.S.).

- In lieu of returning from the city where my program ends, I wish to return from the alternate city checked below. Please add the appropriate fee (see page 200) to my invoice. Requests for alternate return cities are not accepted less than 60 days prior to the scheduled departure date from the U.S. The alternate return city option does not apply to the Argentina, Australia, China, India, Russia or South Africa programs.

- | | | | | | |
|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Amsterdam | <input type="checkbox"/> Athens | <input type="checkbox"/> Barcelona | <input type="checkbox"/> Basel | <input type="checkbox"/> Berlin | <input type="checkbox"/> Brussels |
| <input type="checkbox"/> Budapest | <input type="checkbox"/> Copenhagen | <input type="checkbox"/> Edinburgh | <input type="checkbox"/> Frankfurt | <input type="checkbox"/> Geneva | <input type="checkbox"/> Glasgow |
| <input type="checkbox"/> Hamburg | <input type="checkbox"/> Helsinki | <input type="checkbox"/> Istanbul | <input type="checkbox"/> Lisbon | <input type="checkbox"/> London | <input type="checkbox"/> Madrid |
| <input type="checkbox"/> Malaga | <input type="checkbox"/> Manchester | <input type="checkbox"/> Marseille | <input type="checkbox"/> Milan | <input type="checkbox"/> Munich | <input type="checkbox"/> Nice |
| <input type="checkbox"/> Paris | <input type="checkbox"/> Pisa | <input type="checkbox"/> Prague | <input type="checkbox"/> Rome | <input type="checkbox"/> Shannon | <input type="checkbox"/> Stockholm |
| <input type="checkbox"/> Stuttgart | <input type="checkbox"/> Venice | <input type="checkbox"/> Vienna | <input type="checkbox"/> Warsaw | <input type="checkbox"/> Zurich | |

My preferred return flight date is (in order of preference):

(1) _____ (2) _____ (3) _____

Full year and dual campus students only

Please indicate whether you would like to use your roundtrip ticket included in your fall semester fees at the end of the fall semester or at the end of the spring semester.

- Fall semester scheduled return date Spring semester scheduled return date

Travel companion

- I wish to travel on the same flight with _____

(Note: Both students must apply to the same program, fly from the same departure city, make the same stipulation and comply with application and fee deadlines. AIFS cannot guarantee the accommodation of this request, nor can it guarantee that a subsequent change by one student can be made, if requested, by the other.)

Own Transportation

- I will be making my own round trip flight and ground transfer arrangements and will appear on campus on the scheduled arrival date.

Students enrolled in Budapest, Cannes, Florence, Granada, Grenoble, Paris, Prague, Rome, Salamanca, Salzburg, Stellenbosch and St. Petersburg who are providing their own transportation have the option of participating in the London stopover.

I will be participating in the 3-day London stopover. Yes No

PART E MISCELLANEOUS

Do you have any special dietary needs? Yes No

If yes, please describe _____

Do you have allergies or chronic ailments of which our campus Resident Director should be aware? Yes No

If yes, please describe _____

Are you presently under treatment for any mental or emotional matters? Yes No

If yes, please describe _____

Are you presently taking any prescription drugs on a regular basis? Yes No

If yes, please describe _____

Have you ever been convicted of a criminal offense? Yes No

If yes, please provide complete details _____

University facilities in other countries may not meet American standards of accessibility for persons with disabilities. Please describe any accommodations you may need to perform the essential functions of studying abroad. AIFS will advise whether your selected campus is able to provide a particular accommodation, and, if not, will attempt to offer you an alternative placement. AIFS cannot guarantee that all campuses can provide the accommodation. Official documentation of learning disabilities must be provided.

Student's name _____ AIFS campus abroad _____

PART F REQUEST FOR TRANSCRIPT, CONFIDENTIAL REFERENCE, ESSAY AND DISCIPLINARY CLEARANCE FORM

1. Please request official copies of your current college transcripts be sent to:

Academic Year and Semester Programs, College Division
American Institute For Foreign Study
River Plaza, 9 West Broad Street
Stamford, Connecticut 06902-3788 USA

2. Provide the name and address of the official who should receive your transcript after program completion. **I understand that a transcript will not be sent to me if I have a balance due to AIFS.** Please verify the correct address with your Study Abroad Office.

Institution name/department _____ Contact name _____

Address _____
building street city state ZIP

I authorize the overseas university to send my official transcript to the above address upon completion of the program.

Student signature _____

3. List the name of the person at your school or college whom you have asked to forward a reference on your behalf. The reference must be a department chairperson, faculty advisor, professor or language teacher well acquainted with your academic ability.

Name of teacher _____ Department _____

School or college _____

4. On a separate piece of paper, type (or print clearly and legibly) a brief essay with a short history of your life and experiences and why you wish to study abroad

5. Have the Disciplinary Clearance Form completed and signed

PART G PRELIMINARY COURSE SELECTION AND VERIFICATION OF ACADEMIC STANDING

Tear out the course selection form on the next page, indicate your choices and give it to your advisor to be approved and signed. You may prefer to copy it for your records.

Parts F and G may be sent to AIFS at a later date, but no later than: **April 15** for fall Buenos Aires, Hyderabad, Stellenbosch and Sydney students; **May 1** for fall Budapest, Florence, Nanjing, Prague, Shanghai and Rome students; **May 15** for fall Cannes, Granada, Grenoble, Limerick, London, Paris, Salamanca, Salzburg and St. Petersburg students; and **October 1** for Granada, Hyderabad, Nanjing, Paris, Prague, Salamanca, Shanghai and St. Petersburg students and **October 15** for all other spring students. Delay in sending this form will postpone or preclude consideration of your application.

International Internship Program applicants do not need to complete this section. Rather, they must complete the course selection form and internship questionnaire in the internship application. Please download a copy of the supplemental internship application at http://www.aifsabroad.com/ays/pdf/internship_application.pdf or request one by calling (800) 727-2437 ext. 5163.

Instructions

1. Complete this preliminary course selection assisted by the advisor(s) on your campus authorized to approve/recommend transfer credit.
2. Changes may be made to the course selection with the approval of the student's advisor. Subsequent changes made during the semester abroad will be communicated to the student's advisor in the United States for approval if required by the home institution. Students and advisor(s) should note, therefore, that this is NOT a pre-registration.
3. Applicants to programs with orientations should list those courses as well.
4. Richmond London applicants should choose courses given on their campus. Freshman and sophomore-level courses numbered 100-299 are offered at the Richmond Hill campus. Junior and senior level 300-499 courses are at the Kensington campus. Students should list 10 courses for each semester in order of preference, since some courses may be full and a drop/add procedure may be necessary. Richmond's schedule of classes may be viewed at www.richmond.ac.uk which gives class limits, current enrollment, prerequisites and other helpful information.
5. Florence applicants should indicate the level of Italian language course in Siena or Viareggio and Florence. Rome applicants should indicate the level of Italian language course in both Florence and Rome.



STUDY ABROAD RECOMMENDATION

Part I—To be completed by applicant and then forwarded to a faculty member, academic advisor, or language professor

Applicant's name _____
First (given) Middle or Maiden Last (family)

Major field of study _____ College or University _____

Date of birth (month/day/year) _____ Social Security number _____

AIFS program applying to _____ Academic year Fall term Spring term Year 20 ____

I (check one) do not do waive my right of access to the information contained herein.

Applicant's signature _____ Date _____

Part II—To be completed by person providing reference.

The above named individual has applied to study abroad with the American Institute For Foreign Study (AIFS). Please rate this individual on the following characteristics as best as you are able. In a separate letter, or on the back of this form, please elaborate on any of the characteristics or comment on attitudes of the applicant, if you so desire.

	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	UNABLE TO RATE
1. Motivation —dedication to work and studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Integrity —commitment to high ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communication skills —oral and written ability to convey information to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Problem solving skills —ability to extract and integrate information toward solutions to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Scholastic aptitude —ability to learn new facts and concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Interpersonal skills —ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Coping skills —ability to deal with stress, ambiguity, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Self-concept —extent of self-esteem, positive self-regard, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overall academic potential —likelihood of academic success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall personal adjustment —likelihood of personal success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Print name _____

Institution/Company _____ Position/Title _____

Address _____

Phone () _____ Date _____

Please mail this completed form directly to:

American Institute For Foreign Study (AIFS), College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788

Fax# 203.399.5597

PART H 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 that future Institute publicity material may include statements made by participants or their photographs, and I consent to such use of my comments or photographs of me.
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 tuition 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.
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.

Student name (please print) _____

Applicant's signature _____ Date _____

17. 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 _____

DISCIPLINARY CLEARANCE FORM

American Institute For Foreign Study

To the Student: As part of your application to study abroad with AIFS this form must be completed by the Judicial Affairs Officer, Dean of Students or appropriate administrative official at your current college or university that houses these records. Your signature provides consent for the release of this information to AIFS. This form must be returned to AIFS to complete your application.

Student's printed name _____ Country/Program _____

Student's signature _____ Applying for Fall Spring Full Year

Date: __/__/__

To the Judicial Affairs Officer: The above named student has applied to study abroad with AIFS. For admission the student is required to be in good academic and social standing at the home institution. We would request that you provide information and a supporting statement if required that speaks to the student's social standing at your institution. This information will remain confidential. While prior disciplinary history does not preclude a student's participation, the information will be taken in consideration during review, and it must be submitted in order for the student to be evaluated for admission.

We recognize that a student's status may change between the time this form is submitted and the program start date. We would greatly appreciate notification regarding any significant change in this student's status.

Name of Institution _____ Dates of Attendance _____

- 1. ___ This student has received no judicial sanction at this institution
2. ___ This student is under current judicial sanction
3. ___ This student is not under current judicial sanction but has previously been sanctioned

Violation/Adjudication Date _____ Sanction with Effective Dates _____

Violation/Adjudication Date _____ Sanction with Effective Dates _____

Violation/Adjudication Date _____ Sanction with Effective Dates _____

Violation/Adjudication Date _____ Sanction with Effective Dates _____

Please provide any additional comments that would enable us to further understand the above referenced incidents. If you wish to comment on the student's suitability to study abroad in light of their status please do so here.

Multiple horizontal lines for providing additional comments.

Printed name _____ Title _____

Office/Department _____ Phone _____

Signature _____ E-mail address _____

Please mail or fax to: AIFS College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788, Phone: 800.727.2437, Fax: 203.399.5597