



American Institute For Foreign Study®

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www.aifsabroad.com

Instructions

1. Please type or print legibly in black ink.
2. Provide proper non-refundable \$395 deposit in Section G. 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.
4. Be sure to read and sign the agreement and release in Part I.
5. If your mailing address involves a P.O. Box or Route Box number, please be sure to give an alternate address.
6. Include three recent passport photos with your name and program on the back. (4 for China).
7. Attach an official transcript or student copy of your transcript.
8. Print your name as it appears on your passport or birth certificate.
9. Applicants to the London Internship Program must submit a questionnaire and employer reference.

PART A GENERAL INFORMATION

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

Birth date _____ Sex male female Citizenship _____ Passport # _____ exp. date / /

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 telephone () _____

Attach an official transcript or student copy of your transcript with this application. If you are applying to the Richmond Summer Internship Program, please refer to page 46 for other application requirements.

- 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.) Code** _____ **3.) Course Dates** _____

4.) List below the courses you wish to take. Course numbers and titles are in the AIFS catalog. 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 (except Florence and Rome). Florence and Rome students should obtain credit approval before submitting this application since final course registration is done below.

For Richmond London, sign up for a maximum three credits per 3-week session. Internship students must specify field and courses (this information not applicable for some programs).

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 \$200 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 page 123 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 China, and 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 15, 2009.
Return date choices: #1 _____ #2 _____ #3 _____
- Alternate return date and/or return city** (not an option for Costa Rica, Peru, Australia, China, Russia or South Africa).
 I will depart with AIFS from _____ (U.S. departure city from catalog), but I will return from _____ (alternate international city from page 122). I realize this option is available for an additional \$125 to \$375 if I apply by March 15, 2009.
Return date choices: #1 _____ #2 _____ #3 _____
- I will provide my own transportation. Airport transfers 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 15, 2009. All payments for optional excursions are due by April 15.

Program	Excursion	Code	Fee
Berlin	<input type="checkbox"/> Prague	7301	\$425
Cannes	<input type="checkbox"/> Paris	5307	\$645
	<input type="checkbox"/> Yes, I require a Chapman University transcript	7000	\$100
	<input type="checkbox"/> No, I do not require an official transcript issued by Chapman University		
Florence	<input type="checkbox"/> Venice	5221	\$375
Florence	<input type="checkbox"/> Rome	5231	\$525
London	<input type="checkbox"/> Paris <input type="checkbox"/> May 22-24 <input type="checkbox"/> June 12-14 <input type="checkbox"/> July 3-5	5164	\$595
London internship	<input type="checkbox"/> Paris <input type="checkbox"/> May 22-24 <input type="checkbox"/> June 12-14 <input type="checkbox"/> July 3-5	5165	\$595
Paris	<input type="checkbox"/> St. Malo and Mont St. Michel	5111	\$295
Paris	<input type="checkbox"/> Chateaux of the Loire Valley	5131	\$295
Prague	<input type="checkbox"/> Vienna	5305	\$290
Rome	<input type="checkbox"/> Pompeii, Vesuvius, Naples and Capri	5311	\$395
Rome	<input type="checkbox"/> Venice	5301	\$475
Salamanca	<input type="checkbox"/> Lisbon	5313	\$475

PART D TRANSCRIPT

I authorize the overseas university to send my official transcript to my home university/college upon the completion of the program. **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.**

Student signature _____

Contact name _____

Send transcript to: (Dept/University name) _____

Address _____

street

city

state

zip

PART E 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 F HOUSING OPTIONS

**Students choosing the homestay option must indicate this prior to departure.
Check your preferred housing option.**

Florence students

- Italian homestay (usually two students per home)
- Apartment with other AIFS students (usually two-eight)

Granada students

- Spanish homestay (all meals with the family)
- Dormitory with other AIFS students

Rome students

- Italian homestay (usually two students per home)
- Apartment with other AIFS students (usually two-eight)

St. Petersburg students

- Russian homestay (after the first three days)
- Dormitory with other AIFS students

Salamanca students

- Spanish homestay (all meals with the family)
- Dormitory with other AIFS students

PART G 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.) Students applying for the Salzburg program should apply by March 1, 2009. Students applying for all other programs should apply by March 15, 2009.

Students who apply after March 15 (March 1 for Salzburg) are subject to a \$200 late fee. The balance of the program fee is due on or before April 15, 2009. (This is not contingent upon receiving an invoice.) **Please inform the AIFS staff in writing of any change of address.** Please read and sign the release and agreement on the opposite side.

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

Charge my credit card for \$ _____ American Express Visa MasterCard

Card number _____ Expiration date _____

Signature of cardholder _____ Cardholder's name (please print) _____

Check this box if using financial aid and/or loans to pay for the program. AIFS will send you forms which you need to have your financial aid office complete and return to AIFS by the April 15 payment deadline. These forms are also available online at www.aifsabroad.com.

PART H PHOTOS

Attach 3 recent passport photographs (4 for China) 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 May 15, 2009 to Photos, College Summer Division, AIFS, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788.

PART I 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 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.
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.

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 _____