SALZBURG COLLEGE
SUMMER PROGRAM

Application Checklist

☐ Salzburg College Application Form (with digital picture)
☐ Course Selection and Housing Information
☐ Statement of Purpose
☐ 2 Faculty recommendations
☐ Physician's Medical Statement
☐ Medical History
☐ Copy of transcript
☐ Consent and release form, medical coverage
☐ Copy of passport
Salzburg College
SUMMER PROGRAM

20________
YEAR

STUDENT’S NAME ___________________________________________ STUDENT ID NUMBER ___________________________

DATE AND PLACE OF BIRTH ___________________________ PASSPORT NUMBER ___________________________

HOME UNIVERSITY ___________________________________

☐ MALE    ☐ FEMALE

CAMPUS ADDRESS ___________________________ PHONE NUMBER ___________________________ EMAIL ___________________________

PERMANENT ADDRESS ___________________________ PHONE NUMBER ___________________________ ALTERNATE EMAIL ___________________________

NAME OF PARENT OR GUARDIAN (ADDRESS IF DIFFERENT FROM ABOVE) ___________________________________________

MAJOR ___________________________ MINOR ___________________________ GPA ___________________________

CAREER PLANS: ___________________________________________

WORK EXPERIENCE: ___________________________________________

TRAVEL EXPERIENCE: ___________________________________________

SPECIAL INTERESTS: ___________________________________________

LANGUAGE(S) STUDIED OR SPOKEN: ___________________________

Salzburg College  Ursulinenplatz 4  A-5020 Salzburg Austria
T: 011-43-662-84 25 01 Fax: 011-43-662-84 25 01 22, email: info@salzburgcollege.edu
COURSE SELECTION
(If you wish to enrol in a German language course, please indicate required level)

1. 

2. 

Alternate: 

HOUSING INFORMATION

In order to give the administration of Salzburg College an idea of the housing arrangements which you prefer, please fill in the information requested below. For your information, most families take two students, a few single situations are also available. Placements in the dorm are always in a shared room with an Austrian student.

Please note that family situations can normally only be provided for “student age” participants (under 26). If you are older, please select dorm living or contact us for alternate options. We are sure that we can work out a satisfactory situation for you.

I prefer  □ dorm living  □ living with a host family

I would prefer a family:
□ with children
□ without children
□ no preference

□ I smoke  □ I am a vegetarian

□ I am allergic to  _____________________________________________________________

□ other special needs  ___________________________________________________________

What do you expect to gain from living with an Austrian family or in an Austrian dorm? Include a few comments about yourself that might help us in selecting the appropriate family. Please continue on reverse side

Please understand that every effort will be made to meet your needs but that you should be prepared to make some adjustments and compromises.

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STATEMENT OF PURPOSE

Please type a multi-paragraph statement explaining your reasons for wanting to study in Salzburg. In your thoughtful statement please address a) the connection between your academic preparation and your intended academic work at Salzburg College, b) your academic goals for your studies at Salzburg College, and c) the purpose of integrating study abroad into your education.
LETTER OF RECOMMENDATION

Name of student

The above student has applied for admission into Salzburg College. Would you please provide your thoughtful evaluation of the student? Please comment in detail on the following aspects of the applicant’s qualifications for study abroad: his/her ability to do above average academic work; his/her emotional maturity; his/her intellectual curiosity; his/her motivation for studying abroad; his/her flexibility in adjusting to a foreign environment.
Feel free to attach your typed evaluation.
Sincere thanks for your collegial support!

Name and title of instructor

Signature

Date
LETTER OF RECOMMENDATION

Name of student

The above student has applied for admission into Salzburg College. Would you please provide your thoughtful evaluation of the student? Please comment in detail on the following aspects of the applicant's qualifications for study abroad: his/her ability to do above average academic work; his/her emotional maturity; his/her intellectual curiosity; his/her motivation for studying abroad; his/her flexibility in adjusting to a foreign environment. Feel free to attach your typed evaluation. Sincere thanks for your collegial support!

Name and title of instructor

Signature

Date
MEDICAL HISTORY
(To be completed by the participant)

<table>
<thead>
<tr>
<th>Name of student</th>
<th>Term</th>
</tr>
</thead>
</table>

This form will help to provide medical support for you should the need arise during the study abroad experience. It is important that your study abroad program be made aware of any medical or emotional problems, past or current, which might affect you in a study abroad context. Mild physical or psychological disorders can potentially become serious under the stress of a new cultural environment. 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. This information does not affect your admission into the program.

Are you generally in good physical condition?  
Yes  No  
(If no, please explain.)

Have you ever been treated or are you currently being treated for any psychological or emotional problems?  
Yes  No  
(If yes, please explain.)

Do you have any allergies? (If yes, please explain.)  
Yes  No

Are you taking any medications? (If yes, please explain and print the name of the medication.)  
Yes  No

Have you had any major injuries, diseases, or ailments in the past five years? (If yes, please explain.)  
Yes  No
Are you a vegetarian, or are you on a restricted diet? Yes No
(If yes, please explain.)

Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to know during your study abroad experience? Yes No
(If yes, please explain.)

I, ____________________________, certify that all responses made on this health form are true and accurate, and I will notify the Study abroad Office of any relevant changes in my health that may occur before departure.

Participant's signature: ______________________________

Date: __________________________
PYHSICIAN’S MEDICAL STATEMENT

______________________________
Name of student

Is the above student in good state of health and are there no medical objections to his/her participation in a foreign study program?

____________________________________________

Does the student have any disease or disability which will need continued or periodical treatment?

____________________________________________

____________________________________________

Does the student have allergies?

____________________________________________

____________________________________________

Date ___________________________ Signature of physician ___________________________

______________________________
Name and title (printed)

______________________________
Address
CONSENT AND RELEASE and MEDICAL COVERAGE

I the undersigned ___________________________ indicate my desire to study at Salzburg College, Salzburg, Austria, for the summer program 2011 (May 11-June 18, 2011).

I understand that neither Salzburg College nor any of its officers or employees shall assume any liability for damage or loss of property or for any financial or other obligations incurred by me. I agree to waive any claims which may now or in the future be asserted against Salzburg College for reason of any accidents, injuries or actions by me while in transit to or returning from or while studying at Salzburg College.

I understand that I shall be subject to the supervision and authority of Salzburg College, its officers and employees and acknowledge the fact that they have the right to exclude any student whose conduct or academic standing may warrant such control. I understand that students are expected to attend classes regularly unless otherwise indicated by illness or unavoidable circumstances and are expected to display a sense of maturity and responsibility as representatives of their university and country.

I agree to inform the Salzburg College administration in writing of any out-of-country travel that I will undertake during the period of the program in Salzburg.

I acknowledge that in the case of withdrawal or dismissal from Salzburg College only those portions of my payments will be refunded which have not been spent or committed and that I will no longer have access to any of the facilities arranged for students of Salzburg College.

I am fully aware that Study Abroad programs can be physically and mentally rigorous, and the possibility of illness, accident or death is always a concern. I understand that the program does not routinely employ health professionals, and I recognize that it is my responsibility, and not the responsibility of Salzburg College to secure any physical or mental health support I may require while abroad.

I consent to be given medical or surgical treatment as may become necessary for myself and understand that any costs thereof would be borne by me. I also understand that I am responsible to obtain my own medical insurance coverage.

MEDICAL COVERAGE

I carry the following medical coverage:

__________________________________________
This policy covers doctors and hospital services, evacuation and repatriation, and any other related emergency treatment.
I understand that while studying abroad I will have to initially pay my bills and then recover the money from my insurance company.

__________________________________________
Student’s Signature

__________________________________________
Parent or Legal Guardian, if student is not of legal age

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