



THE HISPANO-NORTH AMERICAN INTER-UNIVERSITY MASTER'S DEGREE PROGRAM

APPLICATION FOR THE 2018 SALAMANCA SUMMER STUDY PROGRAM, JUNE 25 — JULY 27, 2018

Applicants must meet the following criteria: **acceptance into the graduate program: M.A. in Modern Languages, Hispano-North American Inter-University Specialization in Spanish Language and Hispanic Cultures.** Students applying to the 2018 Salamanca Summer Study Program should complete this application and submit it, along with a non-refundable \$75 application fee (in the form of a check made payable to CCSU), by Friday, March 16. A limited number of scholarships are available. Priority will be given to students who have completed at least 12 credits of graduate work at CCSU. The scholarship application deadline is Friday, March 16. Applicants are also encouraged to check with the Financial Aid Office concerning any aid that may be possible through that office. Please send all requested materials to:

Erin Beecher, International Education Coordinator
CCSU Center for International Education
1615 Stanley Street
New Britain, CT 06050-4010

NOTE: If you are accepted into the Salamanca Summer Study Program, the \$3,550 fee for the full program (tuition, room, board and fees) will be due in full by June 1, 2018. The cost for those students arranging their own housing will be \$2,580. Checks should be made payable to CCSU and brought or mailed to the address listed above; alternatively, students can make final payments via their Pipeline account.

PERSONAL INFORMATION

Name: [Click here to enter text.](#)

CCSU ID number: [Click here to enter text.](#)

Local Address: [Click here to enter text.](#)

Telephone: [Click here to enter text.](#)

Work: [Click here to enter text.](#)

E-mail Address: [Click here to enter text.](#)

Permanent Address (if different from above): [Click here to enter text.](#)

Cumulative GPA [Click here to enter text.](#)

GPA in Major (if known) [Click here to enter text.](#)

Major [Click here to enter text.](#)

Minor [Click here to enter text.](#)

What type of accommodations are you requesting (check one):

- I would like to take the University accommodations
- I will be arranging my own housing for the duration of the program

From what source did you learn about the Salamanca Summer Study Program?

Click here to enter text.

Please describe any community engagement or extra-curricular activities in which you are involved.

Click here to enter text.

List and briefly describe previous international experiences.

Click here to enter text.

DECLARATION OF INTENT TO PARTICIPATE IN THE SALAMANCA SUMMER STUDY PROGRAM:

By my signature below, I agree to the following if I am accepted into the Salamanca program:

- I am responsible for arranging and paying for my round-trip airline tickets and ground transportation to the University of Salamanca.
- If I must cancel my participation in the program for any reason, I shall notify the Center for International Education in writing.
- If I cancel my participation after June 1, 2018 I may not be eligible for a refund of the program's tuition and fees.

Student's Signature

Date



Statement of Responsibility, Release, Indemnification and Authorization to Participate in the Summer 2018 Salamanca Summer Study Program

I, [Click here to enter text.](#) am a student at Central Connecticut State University (CCSU). I have agreed to participate in an international program sponsored by CCSU, in collaboration with the University of Salamanca in **Salamanca, Spain, June 22 – July 27, 2018**. I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the program, I hereby agree as follows (please initial on the line at left after reading each section of this Agreement):

_____ I have been advised and am aware of the inherent and/or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident, or illness, or acts of God) of participating in a program requiring international travel. I am aware and have been advised to have a medical examination prior to participating in this activity to insure that I am in good physical health. Further, I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance which provides coverage for injuries or illness I may sustain or experience overseas. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and, I absolve CCSU and the host institution of all responsibility and liability, except for that which arises out of the negligent acts or omissions of the University or its employees, for any injuries (including death), illness, claims, damages, charges, bills and/or expenses I may incur while I am abroad. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the program at least thirty (30) days prior to departure. I am also aware and have been advised that I will be enrolled by CCSU in a supplemental insurance policy which provides for a minimum coverage of \$25,000 for international medical evacuation and \$7,500 for the repatriation of remains.

_____ I understand that this is a university partnership program, and that standards of both the home and host institutions must be observed. I accept that the University reserves the right to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any CCSU or host institution policy or procedure, I understand that I may be required to leave the Program at the sole discretion of the employees, agents, or representatives of CCSU or the host institution, and I may be referred to the appropriate CCSU officials for further disciplinary or other actions. In such an event, no refund will be made for any unused portion of the Program. CCSU reserves the right, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in its sole discretion to cancel the Program or any aspect thereof after departure, may require that all participants return to the United States, if CCSU determines or believes that any person is or will be in danger if the Program or any aspect thereof is continued.

_____ I understand that CCSU reserves the right to make changes to the Program itinerary at any time and for any reason, with or without notice, and CCSU shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. CCSU is not responsible for penalties assessed by air carriers that may result due to operational and/or itinerary changes, regardless of whether CCSU makes a flight arrangement. Any additional expense resulting from the above will be paid by me. CCSU reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of CCSU.

____ I, _____, understand and acknowledge that the University assumes no responsibility or liability, except for that which arises out of the negligent acts or omissions of the University and its employees, in whole or in part, for any delays, delayed or changed departure or arrival times, fare changes, dishonored hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries (including death), losses, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, accident, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other services or for any substitutions of hotels or of common carriers beyond the University's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules, or other uncontrollable factors I am required to spend additional nights in travel status, the University will not be responsible for my hotel, transfers, meal costs, or other expenses. My baggage and personal property are transported at my risk entirely.

____ I understand and hereby acknowledge that I have reviewed the U.S. Consular Information Sheet for Spain, as well as the Centers for Disease Control information, on travel to, in and around Spain and Western Europe; that I am aware of and understand the risks and dangers of travel to, in and around Spain, including but not limited to the dangers to my own health and personal safety posed by the use of public transportation, and by civil unrest, political instability, terrorism, crime, violence, and disease in Spain. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks that could arise out of or occur during my travels to, from, in or around Spain.

____ I understand that I bear full legal and financial responsibility for all indebtedness or other legal obligation incurred by me while a Program participant.

____ In the event of sickness or injury, I hereby authorize the Program Director of the host institution, or his or her designee, to secure whatever medical treatment is deemed necessary, including admission to a hospital, the administration of anesthetics, the transfusion of blood, and surgery.

____ I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Connecticut, U.S.A.; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document I hereby acknowledge that I have read this entire document, that I understand its terms, that I will abide by each of the terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

STOP!!!! THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC:

Student's Signature Date

CCSU ID Number [Click here to enter text.](#) Date of Birth [Click here to enter text.](#)

Address _____
(Number and Street name) (City/Town) (State) (Zip Code)

NOTARIZATION: _____ (student's name) personally appeared before me, and by me known, and swore or affirmed that she/he freely and without reservation signed this release form.

Notarized by Date

**Health Insurance & Emergency Contact Information
Required of All Participants in a CCSU Short-Term Study Abroad Program**

Student's Name:	Click here to enter text.	CCSU ID Number:	Click here to enter text.
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I agree to inform the Center for International Education of any health or medical conditions or needs that may affect my participation in this program. I agree subsequently to inform the Center for International Education of any health or medical condition or need that should develop after this document is submitted and prior to the date of departure or during the program. I understand that I must make sufficient provisions before departure for continuation of medical treatments, such as prescriptions or special diet.

1. In case of emergency, whom in the United States should we notify? *(Please be sure to tell them you will be traveling abroad!)*

Primary Emergency Contact:		Secondary Emergency Contact:	
Name:	Click here to enter text.	Name:	Click here to enter text.
Relationship to you:	Click here to enter text.	Relationship to you:	Click here to enter text.
Home Telephone:	Click here to enter text.	Home Telephone:	Click here to enter text.
Work Telephone:	Click here to enter text.	Work Telephone:	Click here to enter text.
Cell phone:	Click here to enter text.	Cell phone:	Click here to enter text.

2. List all past and current medical issues and surgeries (other than brief illness or minor injuries).

Check None, if applicable? None

Click here to enter text.

3. List all mental health conditions for which you have been treated by a mental health or medical professional in the last five years.

Check None, if applicable. None

Click here to enter text.

4. List all medications you currently take (both prescribed and over-the-counter). Check None, if applicable. None

Condition	Medication(s) taken for this condition
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

5. List all allergies (e.g., medication, environmental, food, etc.) Check None, if applicable. None

Condition	Medication(s) taken for this condition
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

6. Do you have Health Insurance? Yes No

Insurance Company:	Policy Number/Group Plan Number	Telephone Number:
Click here to enter text.	Click here to enter text.	Click here to enter text.

Signature

Date



Scholarship Application for Salamanca Summer Study Program

The Department of Modern Languages provides a limited number of scholarships, available on a competitive basis, for Central Connecticut State University students participating in the Salamanca Summer Study Program. Applicants must meet the following criteria in order to be considered: acceptance into the Hispano-North American Inter-University Master's Degree Program, hold matriculated student status at the time of the Summer Study Program, and have a graduate GPA in excess of 3.0 (or, for students just entering the Master's program, an undergraduate GPA above 3.0). Preference will be given to students who have completed at least 12 credits of graduate work at CCSU. Students will not be awarded more than one scholarship per academic year (Fall through Summer).

Completed applications should be submitted to: Erin Beecher, International Education Coordinator
Center for International Education, Barnard Hall, Room 123
Central Connecticut State University, 1615 Stanley Street
New Britain, CT 06050

**The scholarship application deadline for the Summer 2018 Salamanca Program is
Friday, March 16, 2018.**

Name: [Click here to enter text.](#)

CCSU ID Number: [Click here to enter text.](#)

Describe how participation in the Salamanca Summer Study Program will contribute toward your educational objectives.

[Click here to enter text.](#)

Describe what impact participation in the Salamanca Summer Study Program will have on your current of future career plans.

Click here to enter text.

For faculty and CIE use only:

Recommended for a scholarship in the amount of \$_____

Not recommended for a scholarship. Reason: _____

Faculty Member's Signature

Printed Name

Date