

2012-2013 ACADEMIC YEAR AND SEMESTER APPLICATION



**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



**ATTACH FIVE PASSPORT
(2"x2") PHOTOS**

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
- One academic reference
(Applicants to the International Internship Programs must submit an additional questionnaire and employer reference)
- Brief essay written and signed by the applicant
- Disciplinary Clearance Form
- Completed preliminary course selection with the appropriate signatures.

Parts A through E, H, your essay and non-refundable \$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.

Full Name

Please type or print your name exactly as it appears on your passport including middle name and/or initials as this is required by Transportation Security Administration (TSA)

_____ first _____ middle _____ last

Age on Sept. 1, 2012 _____ Date of Birth _____ male female

Race/Ethnicity (optional) White Asian or Pacific Islander Hispanic or Latino(a) Black or African American Multiracial
 American Indian or Alaska Native

Home address _____
street city state zip

Name of school currently attending _____

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 () _____ Relationship _____
(if other than parent or guardian)

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 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.

Australia, Murdoch University

- February – June
- optional Pacific Studies program in Fiji (\$995)

Austria, University of Salzburg

- academic year fall semester spring semester
- optional visit to Prague (\$375)

Botswana, University of Botswana

- academic year July – November January – April

Chile, Universidad Adolfo Ibáñez

- academic year fall semester spring semester
- optional visit to Buenos Aires, Argentina (\$795)

Costa Rica, Veritas University

- academic year fall semester spring semester
- 12 weeks
- 16 weeks
- optional visit to Nicaragua (\$345)
- optional visit to Panama (\$325)

Czech Republic, Charles University

- academic year fall semester spring semester
- optional visit to Vienna (\$295)
- optional visit to Berlin (\$325)

England, Richmond, The American International University in London

- academic year fall semester spring semester
- optional visit to Paris (\$445)

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

(Students must download a supplemental application form at www.aifsabroad.com.)

- fall semester spring semester
- optional visit to Paris (\$445)

France, Collège International de Cannes

- academic year fall semester spring semester
- optional visit to Florence (\$595)

France, University of Grenoble

- Intensive French Language Program
- French Language and Culture Program
- academic year fall semester spring semester
- optional visit to Burgundy (\$545) *fall semester only*
- optional visit to Geneva and Annecy (\$545) *spring semester only*

France, CCFS Sorbonne

- academic year fall semester spring semester
- fall quarter
- optional visit to Normandy (\$295)
- optional visit to Châteaux de la Loire (\$295) *spring only*
- no orientation (reduce program fee by \$1,000)

France, Institut de Langue et Culture Francaises

- academic year fall semester spring semester
- program in English
- program in French
- Optional weekend in Normandy (\$295)
- Optional weekend visit to Chateaux de la Loire (\$295) *spring only*

India, University of Hyderabad

- Traditional Program
- Community Engagement Program
- 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 Florence, International Internship Program

(Students must download a supplemental application form at www.aifsabroad.com.)

- fall semester spring semester

Italy, Richmond in Rome

- academic year fall semester spring semester

New Zealand, Victoria University

- academic year July-November February-June
- optional visit to Queenstown (\$600)
- optional hiking trip (\$300)

Russia, St. Petersburg State Polytechnic University

- academic year fall semester spring semester

South Africa, Stellenbosch University

- academic year July-November January-June
- optional visit to Cederberg Mountains (\$245)
- optional safari to Kalahari Desert (\$575)

Spain, Universtat of Autònoma Barcelona

- academic year fall semester spring semester
- optional visit to Mallorca (\$425)

Spain, University of Granada

- academic year fall semester spring semester
- optional visit to Morocco (\$375)
- no orientation (reduce program fee by \$1,000)

Spain, University of Salamanca

- academic year fall semester spring semester
- fall semester only*—optional visit to Lisbon (\$495)
- optional visit to Marrakech (\$725)

PART C – FINANCIAL INFORMATION

1. Who will be paying tuition fees? (Circle as many as apply) Yourself Parents Trust fund Scholarship Financial aid

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 246 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 if the “AIFS optional flight package” is selected. Students wishing to provide their own transportation may do so and must pay the “all-inclusive program fee” quoted in the corresponding program chapter. Airport transfers and 3-day visit to London where applicable, are not included for students providing their own transportation.
2. 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.
3. 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.
4. Full-year students are entitled to one round trip flight included in the “AIFS optional flight package” 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.
5. 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"/> Denver | <input type="checkbox"/> Minneapolis/St. Paul | <input type="checkbox"/> Pittsburgh |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Des Moines | <input type="checkbox"/> New York | <input type="checkbox"/> Raleigh/Durham |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Detroit | <input type="checkbox"/> Newark | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Orlando | <input type="checkbox"/> Seattle |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Dallas | <input type="checkbox"/> Miami | <input type="checkbox"/> Phoenix | <input type="checkbox"/> Washington/Dulles |

Student’s name: _____

AIFS campus abroad: _____

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 Russia program. 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 247) 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 Australia, Botswana, Chile, Costa Rica, India, New Zealand, 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 round-trip 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 the St. Petersburg program who are providing their own transportation have the option of participating in the visit to London.

I will be participating in the 3-day visit to London Yes No *(St. Petersburg students only)*

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. Submit an academic reference. The reference must be a department chairperson, faculty advisor, professor or language teacher well acquainted with your academic ability.
3. 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
4. Have the Disciplinary Clearance Form completed and signed

Students are urged to contact their home institution's study abroad office to ensure that they comply with the requirements for study abroad. In order to maintain your enrollment status, facilitate academic credit transfer and to use any applicable financial aid it is important that you follow your school's requirements for study abroad.

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 Hyderabad, Stellenbosch, Perth and Wellington students; **May 1** for fall Florence, Gaborone, London Internship, Prague, Rome, Salzburg, St. Petersburg and Viña del Mar students; **May 15** for fall Barcelona, Cannes, Granada, Grenoble, Limerick, London, Paris, Salamanca and San José students; and **October 1** for Florence, Granada, Hyderabad, London Internship, Prague, Rome, Paris, Salamanca 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 (Florence or London) do not need to complete this section. Rather, they must complete the course selection form and internship questionnaire in the internship application, which they will receive after applying to these programs.

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. Florence Internship students should indicate the level of the Intensive Italian language course during the first two weeks and during the remainder of the semester.



Preliminary course selection

This student is applying for a study abroad program with AIFS. His/her advisor's signature is required. This form should be returned no later than **April 15** for fall Hyderabad, Stellenbosch, Perth and Wellington students; **May 1** for fall, Florence, Gaborone, London Internship, Prague, Rome, Salzburg, St. Petersburg and Viña del Mar students; **May 15** for fall Barcelona, Cannes, Granada, Grenoble, Limerick, London, Paris, Salamanca and San José students; **October 1** for spring, Florence, Granada, Hyderabad, London Internship, Prague, Rome, Paris, Salamanca and St. Petersburg students; **October 15** for all other spring students. Delay in sending this form will postpone or preclude consideration of your application.

Fall Semester/Quarter (circle one) AIFS Campus _____

First choices: Course department and number	Course title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Alternative courses (all students list two except Richmond and Limerick students who should list five):

- _____
- _____
- _____
- _____
- _____

Spring Semester AIFS Campus _____

First choices: Course department and number	Course title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Alternative courses (all students list two except Richmond and Limerick students who should list five):

- _____
- _____
- _____
- _____
- _____

To be completed by student

I understand that it is my responsibility to obtain any required approval by my home institution to study abroad and to ensure that courses I take meet my institution's requirements for transfer credit, and my individual program of study. I further understand that prior to enrollment I may change course selections and it is my responsibility to secure any required approval.

Student Name Student Signature

To be completed by study abroad or academic advisor

I have reviewed and approve the above preliminary course selection. This student is approved to study abroad. It is the student's responsibility to verify that any course changes meet transfer requirements.

Advisor Name Advisor Signature

Advisor Phone Advisor Fax Advisor e-mail



STUDY ABROAD ACADEMIC 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) _____

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 or fax 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. I understand that if I leave the program before its completion for any reason or if I am dismissed from the program I will not be entitled to any refund and am responsible for full payment 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 program 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 _____

DISCIPLINARY CLEARANCE FORM

American Institute For Foreign Study

I. **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 who collects these records. Your signature provides consent for the release of this information to AIFS.

Student's printed name: _____ Country/Program _____

Student's signature: _____ Applying for: Fall____ Spring____ Summer____ Date: __/__/__

II. **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 not under current judicial sanction but has previous sanctions
- 3. ___ This student is under current judicial sanction

Please list and describe all incident(s):

1st. _____
Violation/Adjudication Date _____ Sanction with Effective Dates _____

Incident Description _____

2nd. _____
Violation/Adjudication Date _____ Sanction with Effective Dates _____

Incident Description _____

3rd. _____
Violation/Adjudication Date _____ Sanction with Effective Dates _____

Incident Description _____

(for additional sanctions please attach additional page)

If current or past sanctions have occurred, please provide any additional details along with your perceptions of this individual and the incident(s) involved that will help us further assess the student's suitability for study abroad. Please attach a separate letter if appropriate.

Printed name _____ Title _____

Office/Department _____ Phone _____

Signature _____ E-mail address _____

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