APPLICATION CHECKLIST

- Personal Data Form
- Academic/Professional Information Form
- 1 Digital Picture (passport conform)
- Statement of Purpose
- 2 Faculty Recommendations
- Course Registration
- Housing Form
- Physician’s Medical Statement
- Medical History Form
- Consent and Release & Medical Coverage Form
- Copy of Transcript
- Copy of Passport
PERSONAL DATA

TERM: ______________________ TRADITIONAL STUDY ABROAD □

YEAR: ______________________ VIRTUALS STUDY ABROAD □

FIRST NAME __________________ MIDDLE NAME __________________ LAST NAME (SURNAME) __________________

DATE OF BIRTH (DD/MM/YYYY) ___________ PLACE OF BIRTH __________________ GENDER __________________

EMAIL ADDRESS (PRIMARY) _______________ EMAIL ADDRESS (ALTERNATE) _______________

TELEPHONE NUMBER _______________ TELEPHONE NUMBER (ALTERNATE) _______________

PERMANENT (HOME) ADDRESS (STREET, CITY, ZIP, COUNTRY) ____________________________________________

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) (STREET, CITY, ZIP, COUNTRY) ____________________________________________

PARENT/GUARDIAN:

NAME OF PARENT/GUARDIAN _________________________________________

ADDRESS OF PARENT/GUARDIAN ___________________________________________

TELEPHONE NUMBER PARENT/GUARDIAN ___________ EMAIL ADDRESS PARENT/GUARDIAN ________________________
### ACADEMIC/PROFESSIONAL INFORMATION

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<thead>
<tr>
<th>HOME COLLEGE/UNIVERSITY</th>
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<tr>
<td>ENROLLMENT THROUGH:</td>
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<tr>
<td>□ NORTHERN ILLINOIS UNIVERSITY (NIU)</td>
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<td>□ COLLEGE CONSORTIUM FOR INT. STUDIES (CCIS)</td>
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<td>□ IL CONSORTIUM FOR INT. STUDY PROGRAMS (ICISP)</td>
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<td>□ HOME INSTITUTION</td>
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<td>□ INDEPENDENTLY</td>
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<tr>
<th>NAME OF STUDY ABROAD ADVISOR</th>
<th>EMAIL STUDY ABROAD ADVISOR</th>
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<th>ACADEMIC DEGREE(S) (IF APPLICABLE)</th>
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<th>WORK EXPERIENCE</th>
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<td>MAJOR</td>
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<td>MINOR</td>
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<td>GPA (CUMULATIVE)</td>
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<td>CLASS STANDING:</td>
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<td>□ FRESHMAN</td>
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<td>□ SOPHOMORE</td>
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<td>□ JUNIOR</td>
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<th>CAREER PLANS</th>
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<th>PROFESSIONAL/WORK EXPERIENCE</th>
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<th>TRAVEL AND EDUCATION ABROAD EXPERIENCE</th>
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<th>SPECIAL INTERESTS</th>
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<th>LANGUAGE(S) STUDIED/SPOKEN</th>
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_Salzburg College • Bergstrasse 12 • 5020 Salzburg • Austria_

_T: +43 (0)662 842501 • F: +43 (0)662 842501-22 • E: info@salzburgcollege.edu • www.salzburgcollege.edu_
STATEMENT OF PURPOSE

Name of Applicant

Please write a multi-paragraph statement (minimum 1000 words) explaining your reasons for wanting to study abroad at Salzburg College. In your thoughtful statement please address the following:

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,
c) the purpose of integrating study abroad into your education, and
d) any information that you feel is necessary to include in order to enhance your application.
LETTER OF RECOMMENDATION I

Name of Applicant

The above candidate has applied for admission to a Salzburg College Study Abroad Program. Please indicate below your evaluation of the applicant. Please comment in a printed narrative (to be attached or in the field below) on the following aspects:

➢ The student’s apparent intellectual ability.
➢ The student’s emotional maturity.
➢ The student’s motivation for studying abroad.
➢ The student’s flexibility and ability to adjust to a foreign environment.

Thank you for your valuable support!

__________________________  __________________________
Name                                                    Signature

__________________________
Date
LETTER OF RECOMMENDATION II

________________________________________
Name of Applicant

The above candidate has applied for admission to a Salzburg College Study Abroad Program. Please indicate below your evaluation of the applicant. Please comment in a printed narrative (to be attached or in the field below) on the following aspects:

➢ The student’s apparent intellectual ability.
➢ The student’s emotional maturity.
➢ The student’s motivation for studying abroad.
➢ The student’s flexibility and ability to adjust to a foreign environment.

Thank you for your valuable support!

________________________________________   ______________________________
Name                         Signature

________________________________________
Date
COURSE REGISTRATION FORM

Name of Applicant

Requirements and Suggestions for a **Semester** at Salzburg College:
The required minimum number of semester credit hours is 12. Because of the demands of foreign study, a higher load than 12 hours is not recommended. For a course load above 12 credit hours the prior approval from Salzburg College and the home university is necessary. For prerequisites, please see individual course descriptions.

To support the study abroad experience, two courses are required of all students wanting to study a semester at Salzburg College:
  - The European Experience OR Cross-Cultural Understanding and Studies
  - One German language course

Requirements and Suggestions for a **Summer Session** at Salzburg College:
No specific courses are made a requirement during the summer sessions. Students can choose any one course per session. For prerequisites, please see individual course descriptions.

**COURSE SELECTION:**

Course 1: ___________________________________________________________________________

Course 2: ___________________________________________________________________________

Course 3: ___________________________________________________________________________

Course 4: ___________________________________________________________________________

Course 5: ___________________________________________________________________________

**PLEASE INDICATE WHICH COURSE(S) YOU DEFINITELY NEED TO FULFILL REQUIREMENTS AT YOUR HOME INSTITUTION:**

___________________________________________________________________________________

___________________________________________________________________________________

**WE KINDLY ASK YOU TO INDICATE AT LEAST ONE ALTERNATE COURSE CHOICE AND HAVE IT APPROVED FOR TRANSFER CREDIT:**

___________________________________________________________________________________

Comments:

___________________________________________________________________________________

___________________________________________________________________________________

Signature ___________________________ Date ___________________________
HOUSING INFORMATION

Salzburg College will arrange suitable housing for you here in Salzburg. In order to give the administration of Salzburg College an idea what kind of housing arrangement you prefer, we kindly ask you to fill in the information below. While we give our best in placing you in your preferred housing situation we do ask you to stay flexible as not all options are available at all times.

I prefer (multiple choices are possible):

- [ ] DORM LIVING
- [ ] ROOM IN SHARED APARTMENT (graduate program only)
- [ ] HOMESTAY (reserved for students under 26 years)
  - [ ] with children
  - [ ] without children
  - [ ] no preference
- [ ] I smoke
- [ ] I am a vegetarian

- [ ] I am allergic to ______________________________________________________________

- [ ] Other special needs/preferences:
  ______________________________________________________________
  ______________________________________________________________
  ______________________________________________________________

BIOGRAPHICAL SKETCH:
Please write a short autobiographical sketch (approx. 500 words) which will help the Salzburg College staff in getting to know you and arranging your placement. Please include any special thoughts you may have on your living situation in Salzburg.
MEDICAL STATEMENT

Name of Applicant ____________________________ Date of Birth ____________________________

The above applicant is in good state of health and there are no medical objections to his/her participation in the designated academic program.

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

☐ No ☐ Yes (If yes, please specify.)

Does the applicant suffer from allergies?

☐ No ☐ Yes (If yes, please specify.)

To your knowledge and based on a recent medical examination, are there any predisposing medical, physical or emotional factors which under academic stress may require treatment while the applicant is enrolled in the program?

☐ No ☐ Yes (If yes, please comment.)

Name of Medical Doctor ____________________________

Address and Phone Number ____________________________

Signature ____________________________ Date ____________________________
MEDICAL HISTORY

____________________________________
Name of Applicant

The information provided will remain confidential and will be shared with administrative staff, faculty or appropriate professionals only if pertinent to your own well-being. This information does not affect your admission to the designated 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 we need to know about? ☐ Yes ☐ No
(If yes, please explain.)

I, ___________________________________________, certify that all responses made on this health form are true and accurate, and I will notify Salzburg College of any relevant changes in my health that may occur before departure.

____________________________________  __________________________
Signature                                Date
CONSENT AND RELEASE and MEDICAL COVERAGE

I, the undersigned __________________________ (print full name), indicate my desire to enroll in the following program offered through Salzburg College for the __________________________ (term/year).

I understand that Salzburg College, or any of its officers or employees will not 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, returning from, or while studying in Salzburg.

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.

I acknowledge that in the case of withdrawal or dismissal from the designated program, I will not receive any refunds after the program has begun. I also understand that I will no longer have access to any of the facilities arranged for students of Salzburg College.

I understand that by signing this form I am committing to participating in the study abroad program as indicated on the online application form and am also obliged to pay the full tuition due six weeks before the program begins. The starting date is the departure day from the U.S.

Starting May 25, 2018 the new EU General Data Protection Regulation (GDPR) is in effect. I hereby permit Salzburg College to stay in touch with me in the future via email or other forms of electronic communication. I hereby give permission to Salzburg College to release any information regarding course work completed at Salzburg College to my home institution. I understand that the EU General Data Protection Regulation (GDPR) affects Salzburg College’s obligation to keep my academic information on record. As Salzburg College adheres to US and EU (Austrian) laws, Salzburg College concurs with the requirement of having its designated registrar hold the final course grades and information related to these indefinitely (= as long as the data format of the file is readable).

I hereby authorize Salzburg College to publish any and all photos and videos taken during my studies in Salzburg and on study trips and field trips for use on the Salzburg College website and all current or future media. I will make no monetary claim. I further agree that my participation in any publication and website produced by Salzburg College confers upon me no rights of ownership whatsoever. I release Salzburg College and its employees from liability for any claims by me or any third party in connection with my participation.

I hereby authorize Salzburg College to release any information regarding my person to the following: (Please list Names, Email Addresses, Phone Numbers and Addresses of Person(s) you wish Salzburg College to contact in case of an emergency)

I consent to be given medical or surgical treatment as may become necessary for myself and understand that additional costs thereof would be borne by me. I also understand that I will have mandatory Austrian medical insurance coverage. This policy covers doctors, hospital services, and any other related emergency treatment in Austria. Upfront payments may apply.

Signature __________________________ Date ____________