



Summer Study Abroad in Segovia 2019

Centro de Estudios Hispánicos de Segovia/Universidad de Valladolid

Director: Dr. Angélica Silva

SUMMER STUDY ABROAD IN SEGOVIA 2019:

A comprehensive program including college-level coursework of Spanish, local study trips, excursions, diverse cultural activities and bilingual on-site support.

Home institution	DeSales University. Cross registration to LVAIC institutions							
Length	4 week program (May 30 - June 27, 2019)							
3 credits Course Offering (Select 2)	<ol style="list-style-type: none"> 1. Spanish Literature (HUMIV) 2. Spanish Art History. Dictated in Spanish (HUMIII) 3. Spanish Art History. Dictated in English (HUMIII) 4. Spanish Intermediate Language. 5. Religions of Spain. Dictated in English (HUMIII) 							
Study Trips	Madrid, Córdoba, Granada, Seville. Local excursion within Segovia surroundings							
Accommodations and meals	Lodging and full board throughout the program in a single room in a home, including laundry. One student per family. Special accommodations provided.							
Transportation	Ground transportation for all included study trips, excursions and visits and roundtrip transfer from Madrid's airport to Segovia and back.							
Other CEHS Program Inclusions	<p>All entrances to museums and other places covered.</p> <p>High-Speed Internet access and computer support in the Center's facility.</p> <p>24/7 support from on-site Resident Director and full-time bilingual CEHS staff in Segovia.</p>							
Cost: tuition, flight, room & board, study trips, transportation, & contingency funds.	<table border="1" style="width: 100%;"> <tr> <td>5 students: \$5800.00 per student</td> <td>8 students: \$5500.00 per student</td> </tr> <tr> <td>6 students: \$5700.00 per student</td> <td>9 students: \$5400.00 per student</td> </tr> <tr> <td>7 students: \$5600.00 per student</td> <td>10 students: \$5300.00 per student</td> </tr> </table>	5 students: \$5800.00 per student	8 students: \$5500.00 per student	6 students: \$5700.00 per student	9 students: \$5400.00 per student	7 students: \$5600.00 per student	10 students: \$5300.00 per student	<p>Subject to change upon number of students participating.</p>
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Cost not included	<p>Health Insurance (\$1.00 per day). Check with you Insurance Co.</p> <p>Cell-phones. Check with you provider.</p> <p>Books, supplies 10-15 €</p> <p>Personal expenses calculated as 75 € per week</p>							
Form of payment	<p>Students will pay a \$300.00 non-refundable application by January 18th, 2019.</p> <p>First installment of \$1500.00 on February 8th, 2019.</p> <p>Remaining balance on March 15th, 2019.</p> <p>Withdrawal from program: 30 days before program (April 25th).</p> <p>Withdrawal from the program and/or program housing after the start of the program no refund.</p>							
Financial Aid information	<p>No financial aid is available for this program.</p> <p>Check with your Financial Aid Office if your school offers any aid or they can tell you about other choices, such as:</p> <p>There are 2 types of loans that you can check:</p> <p>https://studentloans.gov/myDirectLoan/index.action</p> <p>http://www.elmselect.com/Home/Index</p>							
Flight information	Flight is optional. Students can make their own arrangements or travel with the group. Transportation from DSU to JFK will be provided with this itinerary.							

	TBC
Campus informational meetings	<p>You can attend any of these informational meetings:</p> <p>Fall 2018's schedule: <u>DeSales University</u> Monday Nov. 5th, 3:00-4:00 Dooling 106 <u>Lehigh University</u> Monday Nov. 5th, 5:00-6:00 Maginnes 105 <u>Cedar Crest College</u> Tuesday Nov. 6th, 3:00-4:00 Curtis 201 <u>Muhlenberg College</u> Tuesday Nov. 6th, 5:00-6:00 Language Lab, Ettinger 103 <u>Lafayette College</u> Wednesday Nov. 7th, 3:00-4:00 Pardee Lobby First floor</p> <p>Spring 2019's schedule: DeSales University Monday Feb. 4th, 3:00-4:00 Dooling 106 Lehigh University Monday Feb. 4th, 5:00-6:00 Maginnes 105 Cedar Crest College Wednesday Feb. 6th, 3:00-4:00 Curtis 208 Muhlenberg College Wednesday Feb. 6th, 4:00-5:00 Language Lab, Ettinger 103 Lafayette College Thursday Feb. 7th, 3:00-4:00 Pardee Lobby First floor</p> <p>If you cannot attend any of these meetings, please, send me any questions you may have. If snow, reschedule meeting will happen a week after same time/same place. Later, there will be more informational meetings. Attached you'll find the flier for this program.</p>
Mandatory meeting/snacks	Friday, April 19 th , 2019, 3:00 PM to 4:30 PM on Dooling 106, at DeSales University. More details later.
Coordinator information	Dr. Angelica Silva Dooling 273 DeSales University as07@desales.edu 610-282-1100 x 1238



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APPLICATION CHECK LIST:

- Completed application form**
- Health Statement**
- Spanish language assessment**
- Release**
- Photocopy of transcripts**
- Photocopy of passport**
- Headshot photo**
- Deposit of \$300.00 (non-refundable) to Dr. Silva, January 18th, 2019.**
- Cross registration forms (one per course) from your Registrar's office if you are not a DeSales University**

Please submit your paper work and payments to:

Dr. Angelica Silva, DeSales University, 273 Dooling, 2755 Station Avenue, Center Valley, PA 18034.

Some of the paperwork can be submitted as an attachment as well, to: as07@desales.edu.

Online payments can be done at:

<http://cvweb02.desales.edu/spanishsummer/>



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INSTRUCTIONS:

Consult with your academic advisor and language professor before completing whit application. Mail this form with a check for \$300.00 payable to DeSales University-10-1254-40130 to Dr. Angelica Silva, DeSales University, 273 Dooling, 2755 Station Avenue, Center Valley, PA 18034.

The deadline for the application with your non-refundable deposit is January 18th, 2019.

PERSONAL INFORMATION (Please print or type):

Student Name: _____
(Last) (First) (Middle)

Gender: M _____ F _____ **Date of Birth** _____ **Citizenship** _____
(MM/DD/YYYY)

Home Institution _____

Campus Address: Include Box # _____
E-mail _____

Home Address _____

Home Phone _____ **Cell Phone** _____

Person(s) who should receive information about this program on your behalf:

1. _____
(Name) (Address if different from above) (Phone)
E-mail _____ Relationship: _____

2. _____
(Name) (Address if different from above) (Phone)
E-mail _____ Relationship: _____

Current Classification: Freshman ___ sophomore ___ junior ___ senior ___
Postgraduate ___ Continuing Studies ___

Fields of Study – Major(s), Minor(s): _____

Courses to take in Segovia: _____

Have you traveled abroad? Where? _____

Passport Number _____ **Expiration Date** _____

(Note: If you do not have a valid passport, apply for one now. Plan to bring two photocopies of your passport on the trip and send one copy with this application).

(over)

PERSONAL STATEMENTS:

1. Why would you like to participate in this program? How you made the decision to study abroad as well as what goals you have for studying with Centro de Estudios Hispánicos de Segovia (CEHS)/ DeSales University?

2. Will this study abroad complement your academic experience and/or career goals?

3. How much Spanish language have you had? Please list courses you have taken or are presently taking and the level they are: beginner, intermediate, advanced.

4. Is there anything else you would like the Program Director to know about yourself?

5. Please give the name, phone number and email of a faculty member from your home institution who would support your application to this program:

AUTHORIZATION:

The above information is accurate and complete. (Failure to provide accurate and complete information constitutes grounds for dismissal from the program.)

I have read the DeSales University Summer Study Abroad Program and discussed the program with my academic advisor and Dr. Angelica Silva/Program Director. I agree to the DeSales University Summer Program Policies.

Signature _____ **Date** _____



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HOUSING QUESTIONNAIRE:

Please answer the following questions to assist Centro de Estudios Hispánicos de Segovia in finding the right housing for you:

1. Do you prefer to be the only Spanish abroad student in the home? Yes _____ No _____
2. Is there any student on the program whom you would like to live? Please name.

3. Are you a vegetarian or a vegan or do you have aversions to any animal products? Please specify.

4. Do you have dietary allergies (lactose, gluten, nuts, etc.) or any allergies? Please specify.

5. Do you smoke? Yes _____ No _____
6. Do you mind living with people who smoke? Yes _____ No _____
7. Are you generally shy or outgoing? Shy _____ Outgoing _____
8. Do you normally study late at night? Yes _____ No _____
9. Do you often stay out late at night? Yes _____ No _____
10. Are you neat or messy? Neat _____ Messy _____
11. Do you require silence while studying? Yes _____ No _____
12. Are you used to living and sharing a room or home with another person? Yes ____ No ____
13. Do you have any special interest or hobbies? Yes _____ No _____
14. Are there any other habits you have that should be taken into consideration when placing you in housing? Please specify.

15. Do dislike having animals in the house? Please specify.

16. If you have any additional comments that should be considered when assigning housing and roommate, please specify.

Please note: we cannot guarantee that all preferences will be met. In the interest of meeting your goal of cultural immersion, Centro de Estudios Hispánicos de Segovia recommends to host one student per housing, unless requested different. Some dietary accommodations may require an additional fee.



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HEALTH STATEMENT:

Please answer the following questions to assist Centro de Estudios Hispánicos de Segovia in making arrangements for the program. All information is treated confidentially.

Health insurance Provider: _____

Insurance Policy Number: _____

Insurance Provider Phone: _____

Emergency contact name: _____

Emergency contact relationship: _____

Emergency contact phone: _____

Emergency contact email: _____

Emergency contact alternate phone: _____

GENERAL HEALTH INFORMATION:

General state of health: Excellent _____ Good _____ Poor _____ Fair _____

Age: _____ Height: _____ Weight: _____

When and for what reason did you last consult a physician?

Please describe any general health concerns you have at this time:

Do you have any physical conditions that require special housing arrangements? Yes _____ No _____

Do you have any physical conditions that prevent extensive walking? Yes _____ No _____

Are you allergic to any medications? Yes _____ No _____ Please explain:

Do you require any regular medication? Yes _____ No _____ Please explain:

Have you ever been treated for an eating disorder? Yes _____ No _____ Please explain:

Have you ever been diagnosed with a learning disability or do you require special accommodations (Academic or otherwise)? If so, please describe the condition and the necessary accommodations (documentation from school and/or health professional required).

Have you ever been treated by a psychoanalyst, or psychologist for any mental, emotional, or nervous disorder? Yes _____ No _____ Please describe the cause and treatment:



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PROGRAM CONDITIONS AND RELEASE STATEMENT:

The Centro de Estudios Hispánicos de Segovia (CEHS)/ DeSales University (DSU) makes every effort to protect the welfare and safety of its students. However, CEHS/DSU will not accept responsibility for damage to or loss of property, personal illness or injury, or death while a student is on the program.

In all matter relating to travel on the Segovia, Spain program, CEHS/DSU; holds itself free of any responsibility for any delay, loss, or accident occasioned by the air and land carriers or their agents. CEHS/DSU reserves the right to change any arrangement set forth in announcements of the program, offering substitutes of equal value, or to cancel the program entirely with full refund. Rates and schedules are subject to change.

Signature of a parent or guardian is required if the student is under 18. I further understand and agree that if I withdraw from the program and/or program housing after the start of the program I will receive no refund from CEHS/DSU.

In the event that a student becomes incompetent for any reason, including (but not limited) injury, accident, mental illness, disease or loss of consciousness, he/she appoints CEHS/DSU as his/her guardian, and authorizes CEHS/DSU to take any action which it deems appropriate under the circumstances, including (but not limited to) arranging for medical or psychiatric treatment, administering prescription drugs, or transporting him/her to the United States.

CEHS/DSU reserves the right to dismiss any student from its program for misconduct, academic or otherwise or at any time the student engages in conduct dangerous to him/herself or to others, or engages in criminal behavior. Academic misconduct includes (but is not limited to) cheating, plagiarism, and lying about any and all matters of academic substance. Whether or not the student's behavior justifies dismissal from the programs shall be within the sole discretion of CEHS/DSU staff. CEHS/DSU also reserves the right to share personal and academic information with a student's home institution.

I hereby authorize CEHS/DSU to make payments on my behalf, drawing upon the amounts that I submit for food, lodging and transportation expenses included during my stay in Spain as a student of the program. I also understand and accept that CEHS/DSU may use my image and/or likeness in any of its marketing material.

I do forever RELEASE, acquit, discharge and covenant to hold harmless CEHS/DSU, and its agents, officers, employees, and coordinator from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly and indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have resulting from y participation in any CEHS/DSU programs.

"I _____ (name) have read and accept the academic pledge and the program conditions and release statement."

(Name, signature, & date)

Parent or legal guardian must sign this form if participant is under age of 18 years.

(Name, signature, relationship & date)



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COPY OF TRANSCRIPTS:

Please provide a photocopy of your transcripts with your application or as an attachment.

PASSPORT DETAILS:

Please provide your passport number and expiration date below. If you do not have a passport or if your passport has expired, please be sure to order a new passport immediately. For information on how to obtain your passport please visit: <http://travel.state.gov/passport/>.

Passport number: _____

Date of expiration: _____
(MM/DD/YYYY)

Please send a photocopy with your application or as an attachment.

You should also review this page for travel alerts:

http://travel.state.gov/travel/travel_1744.html

Please, enroll in the Smart Traveler Enrollment Program (STEP) which is a free service provided by the U.S. Government to U.S. citizens/nationals who are traveling to, or living in, a foreign country.

<https://step.state.gov/step/>

DIGITAL PHOTO:

Please submit a headshot photo. It can be printed or JPG format.