Main Application
Valencia, Spain - Study Abroad Program

APPLICATION DEADLINES

**October 1st** - Spring Semester Study Abroad Program

**March 31st** - Fall Semester Study Abroad Program

APPLICATION PACKET CHECKLIST

- Student Information Form
- Emergency Contact Form
- Study Abroad Contract
- Accommodations Form
- Spanish Professor Recommendation Form
- Two (2) Faculty Recommendation Forms
- Course Selection/Advisement Form
- Internship Application (if applying)
- Liability Form
- Medical History Form
- Official Academic Transcript sent from home campus Registrar (for visiting students ONLY)
- Two (2) Recent Passport Size Photographs (name on back)
- Deposit Fee Made Payable to Nazareth College Valencia Program
  
  $200 - one semester/summer; $300 two semesters

RETURN TO

Dr. Esperanza Roncero
Director of the Valencia Program
Nazareth College
4245 East Avenue
Rochester, NY 14618

Telephone: (585) 389-2679
Email: eroncer5@naz.edu
NAZARETH COLLEGE

Student Information
Valencia, Spain - Study Abroad Program

Name of Applicant ____________________________________________________________

Last Name   First Name   Middle Initial

Please indicate the year and semester(s) you are applying for.   Fall _____ Spring _____ Summer _____

Email Address __________________________________________________  Phone No. _____________________________________________

Local Address ___________________________________________________________________________________________________________ __

Permanent Address _________________________________________________________________________ _____________________________

Social Security # ____________________________ Sex __________ Date of Birth ________________

DD/MM/YY

Citizenship ____________________________ Cumulative GPA ______

Major ____________________________ Minor ____________________________

Are you an Education Major? (Detail content and level of certification) ____________________________

______________________________________________________________________________________________________________________________

Are you interested in an internship or performing service learning abroad? __________________________________

AGREEMENT AND RELEASE: I certify that the above information is complete and correct. I understand that any misrepresentation may result in my dismissal from the program. I hereby apply to the Nazareth College Valencia Study Abroad Program and authorize the release of any information necessary to complete the application for admission. I further authorize Nazareth College to use photographs of me specifically related to study abroad in Valencia for program recruitment and literature including the Nazareth College Valencia Study Abroad Program website.

Signature of Applicant ____________________________ Date __________

NON-DISCRIMINATION POLICY: It is the policy of Nazareth College of Rochester not to discriminate on the basis of race, color, religion, sex, sexual orientation, national or ethnic origin, age, marital or veteran status, or disability in the admission of students to the college; in any of the rights, privileges, programs, and activities generally accorded or made available to students at the college; in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other programs administered by the college; or in the employment practices of the college.
Emergency Contact Information
Valencia, Spain - Study Abroad Program

Name of Applicant ________________________________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

Please indicate the year and semester(s) you are applying for.  Fall _____  Spring _____  Summer _____

Email Address __________________________________________________  Phone No. _____________________________

**Emergency Contact #1**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone (H):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>Phone (W):</td>
</tr>
<tr>
<td>Address:</td>
<td>Cell:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
</tbody>
</table>

**Emergency Contact #2**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone (H):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td>Phone (W):</td>
</tr>
<tr>
<td>Address:</td>
<td>Cell:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
</tbody>
</table>

In the event of an emergency, I authorize Nazareth College to contact the above persons.

Signature of Applicant _____________________________________________________________  Date _______________
As the unofficial ambassador of my university and my country I, ________________________________, understand that while participating in an Overseas Education Program, I am representing Nazareth College, Rochester, the State of New York, and the United States, and therefore I will act in a way that reflects positively on these institutions. This includes adhering to all laws and regulations of the host country (i.e. legal drinking age). I also have a responsibility to maintain Nazareth College's statement on respect and diversity while abroad. This includes respect for diverse people, supporting freedom of speech, fostering the free exchange of ideas so that concepts, values, and viewpoints can be expressed and challenged in a manner that is neither threatening nor demeaning, and not discriminating on the basis of race, religion, color, sexual orientation, national or ethnic origin, sex, age, marital or veteran status, or disability.

Name (Please Print) ________________________________________________________________

Signature of Applicant ____________________________________________________________ Date ____________________