

Dear student:

Thank you for your interest in IUS. This application packet includes the information you will need to apply to the IUS study abroad program. Please read all instructions carefully.

To process your application, we'll need the following sent to us:

- The application form, completely filled out and signed;
- The Statement of Health form, completely filled out and signed (have your parents or guardian sign this if you are under 21 years of age);
- The Student Housing Profile, completely filled out;
- A 150 word essay that describes your academic goals, reasons for wanting to study in Spain, and expectations about your study abroad experience;
- Two passport-sized photos and a photocopy of your student ID;

The two evaluation forms which are also enclosed are to be filled out by instructors at your School.

- One of the evaluation forms must be completed by a faculty member in whose class(es) you have been and who is familiar with your current proficiency in Spanish.
- The second evaluation form may be completed by another faculty member who is conversant with your academic habits, or your advisor.
Each evaluation form comes with its own pre-addressed envelope; please ask your instructors to mail their evaluations directly to IUS.

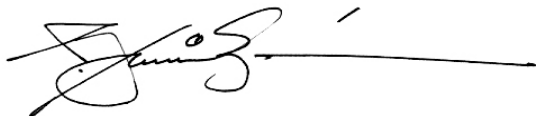
Finally, now would be a good time to request that official transcripts be sent to IUS of all college level work you have done.

When we receive all documents, including your transcripts, your application will be reviewed for acceptance into our program. You will be notified of the decision as soon as possible after the review.

All accepted students will be expected to conduct themselves as responsible representatives of their college and country. Failure to do so may lead IUS, following consultation with the offending student's United States home institution's advisor, to expel the student from the program.

Thank you again for your interest in IUS, and if you have any questions you may call our Admissions and Processing Office, at (877) 449-3615 or fax us at 011-(34-95) 454-6198.

Sincerely,



J. Daniel García Contreras, Ph.D.
Director



IUS
APPLICATION FORM

Return completed forms to: Program of interest (check appropriate ones):
IUS _____ Fall 20__ _____ June 20__
C/Vidrio, 35 _____ January 20__ _____ July 20__
41003-Seville, Spain _____ Spring 20__ _____ Academic year 20__/20__
(Academic year does not include January session)

Level of interest (check appropriate one):
____ Advanced _____ Intermediate* _____ Beginning*

Full Name: _____ Birth date: _____
Social Security Number: _____ - _____ - _____ College ID (if different): _____
E-mail address: _____ Passport number _____
(If you do not have a passport, please leave this space blank.)

College Name: _____ Expected graduation date: _____
Address: _____
City: _____ State _____ ZIP _____
Telephone: (____) _____ - _____ Valid until: _____

Parents or
Guardians: _____
Address: _____
City: _____ State _____ ZIP _____
Day Telephone: (____) _____ - _____ Evening Telephone: (____) _____ - _____
E-mail address: _____

Person to contact in case of an emergency (**only if other than parent or guardian**):
Name: _____ Telephone: (____) _____ - _____
Address: _____
City: _____ State _____ ZIP _____

For Student Emergency ID Card: Blood Type: _____ Special Medical Conditions: _____

Citizenship (if other than US): _____

Ethnic Background (optional, for statistical and marketing purposes only):
Caucasian__ Hispanic__ African-American__ Asian-American__ Native American__ Other__

Expected academic standing when program starts (please circle):
Undergraduate 1 2 3 4 Graduate 1 2 3 4
Years of Spanish study: _____ High School _____ College

List courses taken and currently taking related to the study abroad program. Indicate course title, number, if taught in English or Spanish, credit amount, semester or quarter:

Academic Advisor (please print): _____
Grade point average in major: _____ Cumulative GPA: _____

Other overseas experience (where, dates, reason -- tourism, study, resident):

How did you learn about IUS? _____ Language Dept. Faculty _____ Study Abroad
Advisor
____ IUS Website _____ Former program participant _____ Advertisement _____ Other

Signature: _____ Date: _____

*Please note that to enroll in the Intermediate and Beginning Courses you must obtain permission from your advisor (this does not apply for either of the two summer sessions).



Calle Vidrio, 35 41003 Sevilla Telephone: 954 546197 Fax: 954 546 198 Toll free number: 1 877 449 3615

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IUS
STATEMENT OF HEALTH

Applicant's name: _____ Date: _____

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

Please indicate:

a) The last time you saw a physician (please give date and reason):

b) Medication taken regularly (please give name of medication, generic if possible, and reason for taking):

c) Allergies to food or medication:

d) Food restrictions:

Have you ever been treated by a psychiatrist, psychologist or psychoanalyst for any mental, emotional or nervous disorder?

_____ Yes _____ No

Do you have any physical condition which might affect your participation in the program?

_____ Yes _____ No

If you answered yes to either of the above questions, please give a complete description of the condition(s); you may use the back of this form and/or an additional sheet of paper. Please note that handicapped access is not commonly available outside the United States and not all special needs can be accommodated.

I declare that the information I have given is correct and true to the best of my knowledge.

Applicant's signature:

_____ Date: _____

Parent/Guardian's signature (if applicant is under 21 years of age):

_____ Date: _____

For statistical purposes only:

Does your U.S. health insurance policy cover you while abroad?

_____ Yes _____ No

Are you purchasing a U.S. health insurance policy to cover you while studying abroad?

_____ Yes _____ No



IUS
STUDENT HOUSING PROFILE

Applicant's name: _____

Session: _____

College/University: _____

Male Female

I have studied with IUS before and would like to stay with the same family.

Yes No

If 'No' please continue

Please indicate your order of preference within each of the five categories that follow:

1 (absolutely essential), 2 (very important), 3 (important), 4 (flexible):

A. Family

- Family with children
- Family without children
- Single (widowed/divorced) lady
- Residencia (Dorm-style)**

B. Roommates

- I prefer to be the only student in the house
- I prefer a roommate in a shared bedroom
- I specifically request an individual room*

C. Smoking

- Smoking
- Non-smoking

D. Pets

- Pets are OK
- NO pets
- NO pets (except for dogs)
- NO pets (except for cats)

E. Diet

- I have NO diet restrictions or preferences
- I HAVE food allergies/preferences

Please indicate, of the five categories listed above, the order of importance to you (1 being the most important, 5 the least)

____ A. Family ____ B. Roommates ____ C. Smoking ____ D. Pets ____ E. Diet

If you have allergies (food, animals, other) and/or dietary preferences (low-fat, vegetarian, other), please give details below:

* Single rooms are assigned on a first-come, first-served basis.

** These are private homes that house 4 to 15 students of the same gender. They are much more like student hostels than the dorm rooms you find in colleges. Due to the nature of *residencia*-style housing, special dietary requirements or requests cannot be accommodated in this type of housing.

The purpose of this questionnaire is to match your requests as closely as possible with the housing available through IUS. We make every effort to accommodate your preferences, **but it is impossible to meet all our students' requests**. Housing is assigned on a first-request basis, so make sure you turn in your filled-out questionnaire right away!



