

**Fullerton College
Madrid Program
Spring Semester 2010**



Application Procedure

1. Complete the AIFS application form, securing the signature of your college's study abroad program administrator and thus signifying your eligibility to apply. Applicants must be at least 18 years of age by the departure date.
2. A deposit of \$450 is due with the application.
3. Attach a photocopy of the information page of your passport (the page with your picture). If you do not yet have a passport, please apply for one immediately, and mail a copy once you have received it.
4. Give the completed application form, five 2" X 2" head shot photographs, and deposit to the contact person at your school: Jackie Boll, Administrator of Study Abroad, Fullerton College, Library Bldg. 800, 321 East Chapman Avenue, Fullerton, CA 92832-2095. Phone: (714) 992-7039, ext. 3. E-mail: jboll@fullcoll.edu.
5. The balance of fees should be sent before the dates indicated directly to: American Institute For Foreign Study, Partnership Programs, College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788. Telephone: (800) 727-AIFS.

The AIFS program fee is \$7,685 and includes the following (based on 30-34 participants):

- ⇒ round-trip transatlantic airfare between Los Angeles and Madrid, including round-trip transfers between the airport overseas and the accommodations on the specified program date(s) but excluding mandatory additional U.S. government and airline-imposed departure taxes, fees and fuel surcharges;*
- ⇒ accommodation in shared rooms in fully furnished student apartments with shared facilities;
- ⇒ two-day orientation program in Madrid including meetings with AIFS staff; workshops on cultural differences, safety/security, and travel; and a guided sightseeing tour of Madrid including the Museo del Prado, Palacio Real and Royal Library;
- ⇒ welcome reception;
- ⇒ Madrid Metro (subway) passes for the duration of the program;
- ⇒ guided day trip to Segovia and Ávila by private bus including entrances to the Alcazar and Tower in Segovia, and the city walls in Ávila;
- ⇒ guided day trip to Toledo by private bus including entrances to the Cathedral, El Greco's "The Burial of the Count of Orgaz," and the Santa María La Blanca synagogue;
- ⇒ three-night excursion to Andalucía with one night each in Córdoba, Sevilla and Granada in centrally located tourist-class hotels with daily breakfast. The excursion includes half-day guided tours of Córdoba (with entrances to the former mosque, La Mezquita), Sevilla (with entrances to the Cathedral and Giralda Tower) and Granada (including entrances to the Alhambra and Generalife); two group meals in local restaurants and transportation by private bus;
- ⇒ visits to the Museum of the Americas and the Naval Museum;
- ⇒ subsidized weekly social and cultural program including events such as walking tours, dance classes, sporting events and Spanish cinema;
- ⇒ 60 hours of Internet access at a local Internet café in Madrid;
- ⇒ access to the AIFS Spain Program Coordinator and Student Services office located within the AIFS Study Center;
- ⇒ medical and program fee refund insurance policies;
- ⇒ \$50 non-refundable application fee.

Program fees do not include the following:

- ⇒ mandatory additional U.S. government and airline-imposed departure taxes, fees and fuel surcharges of \$355 (subject to change);
- ⇒ \$250 refundable damage deposit;
- ⇒ tuition fees to your college;
- ⇒ shared accommodation with a homestay family in Madrid for a supplemental fee of \$420 (based on 2 NOCCCD students per room). This option includes two meals per day, Monday through Friday, and breakfast only on the weekends. Students may opt for a single room homestay for an additional supplement of \$525 (\$945 total);
- ⇒ optional Spanish language course for \$1,715. A minimum of 15 participants must enroll for this course to be offered;
- ⇒ textbooks;
- ⇒ meals not listed above;
- ⇒ passport and visa fees if applicable;
- ⇒ field trips or excursions not listed above or included in the program fee;
- ⇒ accommodations and airport transfers for those students selecting the alternate return date;
- ⇒ personal expenses such as laundry;
- ⇒ optional personal effects coverage and medical insurance upgrade.

* AIFS offers round-trip transportation between Los Angeles to Madrid, including round-trip transfers between the airport and your program site, but excluding mandatory U.S. government and airline-imposed departure taxes, fees and fuel surcharges of \$355 (subject to change) for which you will be billed separately.

PAYMENT SCHEDULE FOR AIFS FEES

<u>Spring semester</u>	<u>Fee</u>	<u>Due Date</u>	<u>Optional</u>	<u>Fee</u>	<u>Due Date</u>
Enrollment deposit	\$450.00	December 1, 2009	Shared Homestay	\$420.00	January 13, 2010
Balance of fees	<u>\$7,235.00</u>	January 13, 2010	Single Homestay Supp.	\$525.00	January 13, 2010
Sub-total	\$7,685.00		Spanish Language Course	\$1,715.00	January 13, 2010
Taxes/Fees (subject to change)	\$355.00	January 13, 2010	Medical Insurance Upgrade	\$65.00	January 13, 2010
Damage Deposit (Mandatory/ Refundable)	\$250.00	January 13, 2010	Personal Effects Coverage	\$90.00	January 13, 2010
Total	<u>\$8,290.00</u>				

Note: Applications are reviewed as they are received; openings may be filled prior to the deadline.

Checks should be made payable to "AIFS." You may also use American Express, MasterCard or Visa. See application form. All students must submit the \$450 deposit with the completed application. Financial Aid students are responsible for paying, by January 13, 2010, the airfare (\$645); taxes, fees and fuel surcharges (\$355 [subject to change]); \$250 refundable damage deposit; optional homestay supplements (\$420 and/or \$525 [if selected]); Spanish language course (\$1,715 [if selected]); a \$600 program reservation deposit; and any remaining balance that will not be covered by aid.

Please note: A \$35 returned check fee will be charged on all checks returned by the bank for insufficient funds.

AIFS TRANSPORTATION PACKAGE

Tickets purchased from AIFS are exclusively on scheduled airlines (not charters). They are not endorsable to another carrier. Flights are not necessarily direct or non-stop, and frequent flyer miles are not applicable. The AIFS Transportation Package includes round-trip ground transportation from the airport in Madrid to your accommodations on the regularly scheduled program dates. AIFS will book flights on the dates indicated on this application only.

Participants wishing to cancel from the flight must notify AIFS in writing by Wednesday, January 13, 2010. Cancellation penalties will apply. Tickets are non-refundable after this date.

AIFS Airfare Regulations: Return must be to original U.S. departure point. Tickets are subject to airline availability. No refunds are available for any unused portion of ticket. Tickets cannot be rerouted, and stopovers are not permitted. Once in Madrid participants may be able to change their return date, but only if that date is available and in the same class of service in which the ticket was booked. Only the ticketing agent can provide this information. Participants are subject to agency and airline-imposed change fees and space availability. Group round-trip ground transportation to and from the airport in Madrid is on the regularly scheduled program dates only.

AIFS cannot guarantee that all passengers will be booked on the same flight.

PROGRAM DATES

Thursday, March 4, 2010	AIFS flight departs U.S. for Madrid, Spain.
Friday, March 5, 2010	Arrive in Madrid. Transfer to your accommodations.
Thursday, May 13, 2010	End of program. AIFS flight departs Madrid for U.S.
Wednesday, June 9, 2010	Alternate return date. (Students choosing this date are responsible for their own accommodations, airport transfers, and medical and travel insurance after May 12, 2010.)

**American Institute For Foreign Study
Fullerton College
Madrid Program – Spring Semester 2010**

PHOTOS
Please attach 5 2" X 2" head shot photographs with your name and program on the back of each. Please do not send photocopies. They must be actual photographs.

Instructions:

1. Please type or print in black ink.
2. Provide proper payment information in Section C and, if enclosing a check, make it payable to the "American Institute For Foreign Study."
3. Be sure you have read the payment schedule and refund policy set forth in this application.
4. Be sure to read and sign the Agreement and Release form.
5. If your mailing address includes a P.O. Box or Route Box number, please be sure to give a street address where you can receive shipments/packages.
6. Attach a copy of the information page of your passport, or mail when received.

PART A - PERSONAL DATA

Name _____ Male Female Telephone # (_____) _____
(first, middle and last names as they appear on your passport)

Home Address _____
(Permanent) Number Street City State ZIP

E-Mail Address _____ Cell phone (_____) _____

Age _____ Date of Birth _____ Social Security # _____ Citizen of _____
mm/dd/yy (must be 18 by date of departure) (Visas may be required for non-U.S. passport holders)

Passport No. _____ Date of Issue _____ Date of Expiration _____ Issued by _____

Emergency contact while abroad _____ Emergency phone (_____) _____

Address _____

Emergency E-Mail Address _____ Relationship _____

PART B – REGISTRATION INFORMATION

The AIFS program fee including airfare based on 30-34 participants is \$7,685. The program fee does not include mandatory additional U.S. government- and airline-imposed departure taxes, fees and fuel surcharges (subject to change) of \$355 or a \$250 refundable damage deposit that is due by the final payment deadline. Please select the program options that apply to your enrollment.

Please note your departure city and select your return travel date:

Departure City: Los Angeles, taxes \$355*
 Departure Date: Thursday, March 4, 2010
 Standard Return Date: Thursday, May 13, 2010
 Alternate Return Date: Wednesday, June 9, 2010

Optional Program Components

- | | |
|--|--|
| <p>1. Do you wish to be housed in a homestay? If yes, please select single or double, and note the applicable supplements.</p> <p>2. Do you wish to enroll in the optional Spanish language course for an additional \$1,715? A minimum of 15 is required for these courses to be offered.</p> <p>3. <u>Insurance</u>: Do you wish to purchase either of the following options:
 See your program brochure for coverage details.</p> | <p><input type="checkbox"/> Single (\$945) <input type="checkbox"/> Double (\$420)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medical Insurance Upgrade – \$65
 <input type="checkbox"/> Personal Effects Coverage – \$90</p> |
|--|--|

*airline taxes/fees/fuel surcharges are subject to change.

PART C – PAYMENT OPTIONS

Deposit amount due is \$450. Your payment must accompany this application. Applications received without payment will not be processed. Return this form and payment to your college's program administrator.

Check one: My check/money order is enclosed payable to "American Institute For Foreign Study" (AIFS), or
 Bill my credit card for \$450, or Bill my credit card for the entire program cost.

Will you be applying financial aid to your AIFS program fee? Yes No If yes, have you already applied for financial aid at your school? Yes No

Note: AIFS cannot accept ATM/debit/check cards above your daily limit. If you are charging your fees to a credit card, please supply the following information:

Check one: Visa MasterCard American Express

Credit Card # _____ Expiration date _____ Amount to be charged \$ _____

Signature _____ Cardholder's address _____

Phone _____ Name on card (if different from yours) _____

PART D – ACADEMIC APPROVAL

Signature of your college's program administrator certifying your eligibility to apply: _____

Name (print) _____ Title _____ Date _____

PART E – HEALTH AND HOUSING INFORMATION

Please complete the following questionnaire carefully. Your housing assignment will be made based on the information that you provide. All requests are taken into consideration.

Name _____ School _____ Term _____

Please select your accommodation preference*:

Shared Apartment Shared Homestay (\$420) Single room in homestay (\$945)

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Ages of brothers and sisters _____

Major _____ Year _____

Jobs done in the past _____

Do you wish to have a single room? Yes No

Do you smoke? Yes No Do you object to a roommate who smokes? Yes No

What time do you get up in the morning? _____ What time do you normally go to bed? _____

Do you consider yourself a quiet person? Yes No Where do you prefer to study? room library elsewhere

Would members of the host family who smoke elsewhere in the house/apartment bother you? Yes No

Roommate preference (if known) (1) _____ (2) _____

Would you prefer to live in a household with children or without? With Without

Would you object to being placed with a single-person host? Yes No

Do you have any allergies to household pets? Yes No

Are you receiving any special medical treatment? Yes No ? If yes, specify: _____

Do you have any physical condition that prevents you from climbing stairs? If yes, specify: _____

What type of music do you prefer? _____ Do you normally listen to music in your room? Yes No

Are there any hobbies or interests you would like to pursue while in Madrid? _____

If there are any more details about yourself which you think would help with roommate selection and assist your host in getting to know you better, please state below:

PART F – ADDITIONAL INFORMATION (optional)

Studying in another country requires considerable adaptability. This is part of both the challenge and the reward. Your willingness to answer these questions will assist the AIFS staff in providing you with a housing situation that is most likely to meet your needs. Please note that specific requests cannot be guaranteed.

Do you have any special dietary needs?* If yes, please describe _____

Do you consider yourself a conservative or liberal person? Conservative Liberal

Do you have any allergies or chronic ailments? 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 medication on a regular basis? Yes No If yes, please list and state purpose _____

Studying abroad requires a great deal of physical mobility. Do you feel you are able to perform the essential functions of studying abroad with or without any special requirements?* If you do have special requirements, describe the requirement you would need and how this would enable you to participate.

**AIFS cannot guarantee to accommodate special requirements and requests.*

Agreement and Release Form

I, the undersigned, (and my parents or guardian if I am a minor), an Applicant for an overseas study 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 application/brochure, which are incorporated in this agreement. I understand that I must be 18 years of age by the date of departure. This agreement is a legally binding contract. I acknowledge and accept the terms of the refund policy as outlined below:

If a participant withdraws in writing

On or before December 18, 2009

After December 18, 2009, but on or before January 13, 2010

After January 13, 2010

She/he receives

All fees paid less \$150 plus any non-refundable deposits paid either by the student or by AIFS on the student's behalf.

All fees paid less \$450 plus any non-refundable deposits paid either by the student or by AIFS on the student's behalf.

No refund, and student is responsible for entire program fee.

All requests for refund must be made in writing, signed, and addressed or faxed to: **Registrar, AIFS, Partnership Programs, College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902; fax number (203) 399-5597. Unsigned withdrawal statements will not be processed.**

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/organizer, hotel service, hotel, restaurant, school, university/college, or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Institute.

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.

I agree that if I become ill or incapacitated, the Institute or its emergency assistance company 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 on my behalf any costs not covered by its general liability insurance, I (and my parents) agree to make immediate repayment upon my return.*

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 the 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.

I understand that the Institute provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death, personal effects 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.

I understand that the Institute reserves the right to make changes, cancellations or substitutions in cases of changed conditions or emergency, or based upon the interest of the group. I understand if I am terminated from the program, there will be no refund of AIFS fees.

I understand that obtaining a passport and any other required travel documents is my sole responsibility, and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that if I am not a U.S. citizen, a visa may be required for entry to the countries I plan to visit (or transit through) while a participant on this program. I further understand that it is my sole responsibility to determine my visa requirements and obtain the appropriate visa(s), and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents and visas for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that from time to time the Institute's publicity material may include statements by its participants and/or their photographs, and I consent to such use of my comments and photographic likeness.

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. This agreement cannot be modified except in writing by the Institute.

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.

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, and authorized by law or court order to make legal decisions and to enter into binding contracts on behalf of the applicant.

If I am using financial aid to pay for all or part of my AIFS program fees, and if that aid is canceled or reduced by my institution or lending agency after I have embarked on the AIFS program, I am immediately responsible for full payment of all fees. Failure to make payment will result in my administrative withdrawal from the program.

Signature of Applicant

Date

I certify that I am the parent or legal guardian of the Applicant, and that I have read the foregoing Agreement and Release (including such parts as may subject me to personal financial responsibility), and hereby waive any claim that I might have against the Institute or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the Applicant, any claim arising from the Applicant's participation in the program. I confirm that my son/daughter will be 18 years of age by the program departure date.

Signature of Parent/Guardian if Applicant is under 18 years of age

Date

*A special substitute paragraph is available to members of the Christian Science faith.