



North Orange County Community College District Barcelona Program Fall Semester 2018

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. Attach three 2"x2" head shot photos with your name and program ("NOCCCD Barcelona") on the back of each.
5. Give the completed application form, photos, passport copy and deposit to the contact person at your school: Erika Sater, Library/Study Abroad Administrative Assistant, Fullerton College, 321 East Chapman Avenue, Fullerton, CA 92832-2095. Phone: (714) 732-5688. E-mail: Esater@fullcoll.edu.
6. The balance of fees should be sent before the dates indicated directly to: Customized, Faculty-Led Programs, AIFS Study Abroad, 1 High Ridge Park, Stamford, CT 06905. Telephone: (800) 727-AIFS.

The AIFS program fee is \$8,295 and includes the following (based on 25-29 participants):

- ⇒ Transportation Package consisting of round-trip airfare between Los Angeles and Barcelona, including round-trip transfers between the airport overseas and the accommodations on the standard program dates but excluding mandatory additional U.S. government and airline-imposed departure taxes, fees and fuel surcharges of \$454 (subject to change) for which you will be billed separately;
- ⇒ housing either in shared apartments in twin rooms with four to six students sharing a two to three-bedroom apartment with cooking facilities, or in shared homestays with a local family including daily continental breakfast and five dinners a week for a supplemental fee of \$645;
- ⇒ orientation program on-site in Barcelona including an orientation meeting with AIFS staff, student information packet, half-day guided sightseeing tour by bus with entrance to Parc Güell and welcome tapas reception;
- ⇒ TMB travel pass for unlimited travel on the metro, bus and trams in central Barcelona for the duration of the program;
- ⇒ a Barcelona Airticket, granting one entry to each of the following museums and galleries; Museu Picasso, Fondació Joan Miró, Museu Nacional d'Art de Catalunya (MNAC), Museu d'Art Contemporani de Barcelona (MACBA), Centre de Cultura Contemporània de Barcelona (CCCB) and the Fundació Antoni Tàpies;
- ⇒ weekly program of free and subsidized cultural activities including walking tours, guided museum visits, sports events, cooking classes and concerts;
- ⇒ guided tour of the Sagrada Família, with the services of a professional, English-speaking guide;
- ⇒ full-day excursion to Girona and Figueres, including round-trip transportation by private bus, a guided walking tour of Girona, and entrance to the Teatre Museu Dalí in Figueres for a self-guided visit;
- ⇒ full-day excursion Tarragona, including round-trip transportation by private bus, a guided walking tour of Tarragona and entrance to the Roman Forum, Circus and Amphitheatre;
- ⇒ four-day, three-night excursion to Andalucia, including group flights from Barcelona to Seville, returning from Granada to Barcelona, airport transfers by private bus, one-night's accommodation in Seville and two nights' accommodation in Granada in twin-bedded rooms in a hotel with breakfast included, a guided walking tour of Seville with entrance to the Alcazar and Cathedral, a private bus transfer to Granada with a stop in Cordoba, a guided walking tour of Cordoba with entrance to the Mezquita, a guided walking tour of Granada with entrance to the Alhambra and Generalife gardens, a flamenco show, two group meals, and the services of an AIFS representative throughout;
- ⇒ a farewell group dinner;
- ⇒ access to the AIFS Study Center and the services of an experienced AIFS Program Coordinator and Student Advisors for information, personal advising/counseling and 24-hour emergency contact service;
- ⇒ medical and program fee refund insurance policies.

Program fees do not include the following:

- ⇒ mandatory additional U.S. government and airline-imposed departure taxes, fees and fuel surcharges of \$454 (subject to change);
- ⇒ \$250 refundable damage deposit;
- ⇒ optional 3-day/2-night excursion to Madrid for \$595;
- ⇒ tuition fees to your college;
- ⇒ textbooks;
- ⇒ meals not listed above;
- ⇒ passport and visa fees if applicable;
- ⇒ field trips or excursions not listed above or included in the program fee;
- ⇒ personal expenses such as laundry;
- ⇒ optional personal effects coverage and medical insurance upgrade.

Please keep this page for your records.

PAYMENT SCHEDULE FOR AIFS FEES

Shared Apartment Option

<u>Fall Semester</u>	<u>Fee</u>	<u>Due Date</u>
Enrollment deposit	\$450.00	May 22, 2018
First payment	\$3,000.00	June 22, 2018
Balance of fees	<u>\$4,845.00</u>	July 20, 2018
Sub-total	\$8,295.00	
Taxes/Fees (subject to change)	\$454.00	July 20, 2018
Damage Deposit (Mandatory/ Refundable)	<u>\$250.00</u>	July 20, 2018
Total	\$8,999.00	

Shared Homestay Option

<u>Fall Semester</u>	<u>Fee</u>	<u>Due Date</u>
Enrollment deposit	\$450.00	May 22, 2018
First payment	\$3,000.00	June 22, 2018
Balance of fees	<u>\$5,490.00</u>	July 20, 2018
Sub-total	\$8,940.00	
Taxes/Fees (subject to change)	\$454.00	July 20, 2018
Damage Deposit (Mandatory/ Refundable)	<u>\$250.00</u>	July 20, 2018
Total	\$9,644.00	

Optional

Madrid Excursion Deposit	\$50.00	May 22, 2018
Balance of Madrid Excursion	\$545.00	July 20, 2018
Medical Insurance Upgrade	\$65.00	July 20, 2018
Personal Effects Coverage	\$90.00	July 20, 2018

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, along with a \$50 deposit for excursion, if applicable. Financial Aid students are responsible for paying, by July 20, 2018, the airfare (\$TBC); taxes, fees and fuel surcharges (\$454 [subject to change]); \$250 refundable damage deposit; 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

Participants should note the following restrictions: 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 Barcelona to your accommodations on the regularly scheduled program dates. AIFS will book flights on the dates indicated on this application only.

Participants who cancel from the program must notify AIFS in writing by Friday, July 20, 2018. Airline 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 Barcelona 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 Barcelona is on the regularly scheduled program dates only.

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

A minimum of 12 participants must take the flight for it to be offered.

2018 PROGRAM DATES

Saturday, September 8	AIFS flight departs the U.S. for Barcelona.
Sunday, September 9	Arrive in Barcelona.
Saturday, December 1	End of program. AIFS flight departs Barcelona for the U.S.

**American Institute For Foreign Study
North Orange County Community College District
Barcelona Program – Fall Semester 2018**

PHOTOS
Please attach 3 2" X 2" head shot photographs with your name and program ("NOCCCD Barcelona") 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.
7. Attach three 2"x2" head shot photos with your name and program ("NOCCCD Barcelona") on the back of each.

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 _____ Citizen of (country) _____
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 25-29 participants is \$8,295. The program fee does not include mandatory additional U.S. government and airline-imposed departure taxes, fees and fuel surcharges of \$454 (subject to change) 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 travel dates:

Departure City: Los Angeles, taxes/fees/fuel \$454*
Departure Date: Saturday, September 8, 2018
Return Date: Saturday, December 1, 2018

- | | |
|--|--|
| 1. Do you wish to live in a homestay or in an apartment? | <input type="checkbox"/> Homestay – \$645.00 <input type="checkbox"/> Apartment |
| 2. Do you wish to participate on the optional excursion to Madrid at a cost of \$595? If yes, enclose a non-refundable \$50 deposit to reserve your place on the tour. A minimum of 20 participants is required for the tour to operate. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. <u>Insurance</u> : Do you wish to purchase either of the following options:
See your program brochure for coverage details. | <input type="checkbox"/> Medical Insurance Upgrade – \$65
<input type="checkbox"/> Personal Effects Coverage – \$90 |

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

PART C – PAYMENT OPTIONS

Deposit amount due is \$450 (plus \$50 for Madrid tour, if selected). 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 (plus \$50 for each tour, if selected), 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) _____

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 acknowledge that I am responsible for reading all information provided in the AIFS pre-departure materials, whether posted online or sent by mail, and abiding by all policies contained therein. 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 June 22, 2018

After June 22, but on or before July 20, 2018

After July 20, 2018

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, Customized, Faculty-Led Programs, AIFS Study Abroad, 1 High Ridge Park, Stamford, CT 06905; 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 program fee 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 travel 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/or video images, 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. By accepting the terms of this agreement, the U.S. Federal Arbitration Act governs the interpretation and enforcement of the agreement. I and AIFS Customized, Faculty-Led Programs, as well as the American Institute For Foreign Study, Inc., are each waiving the right to a trial by jury or to participate in a class action.

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.

I authorize AIFS to release any relevant medical information to my parents/guardian to ensure my health and safety while on my study abroad program. I understand this information will be kept strictly confidential and will be shared only on an as-needed basis to assist in my medical care and recovery. I further understand that I may withdraw this authorization in writing and deliver the withdrawal to AIFS in order for it to be effective.

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.

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. **There will be a \$50 change fee imposed on each change in housing options. Payment is due at the time the request is made.**

Name _____ School _____ Term _____

Please complete one section only, either the Shared Student Apartment OR Shared Homestay option.

SHARED STUDENT APARTMENT

Please note that specific housing preferences cannot be guaranteed.

Please note that single rooms are very limited and are allocated according to special needs, e.g. medical, age-related

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

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: _____

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

Do you have any special reason for requesting a single room? If so, please 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 Barcelona? _____

SHARED HOMESTAY

Please complete the following questions to assist the AIFS staff in finding a suitable host family for you.

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Ages of brothers and sisters _____

Major _____ Year _____

Jobs done in the past _____

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

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

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

Do you mind living in a household with children? Yes No

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

Do you have any allergies to household pets? Yes No

If there are any more details about yourself that you think would help your host to get to know you better, please state below:

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