

student
administration form – Madrid

This form is to be completed by all students wishing to participate on an FIE study abroad program. Please return this form to your Study Abroad Coordinator once completed.

Please use the checklist below to ensure you have submitted the necessary documents:

- Completed admin form – to be submitted to study abroad office
- Eight** passport photos – to be submitted with your form
- Scanned copy of a signed passport (information page and signature page)
- An informal digital photograph that is to be shared with host family

Part A: program details (Please type or print in block capitals in black ink.)

Date of program you wish to participate in (Please circle.)

Spring / Summer / Fall Year

Name of university/college.....Program start date (month/year).....

Your study abroad program advisor
(name/position).....

Your academic advisor
(name/position).....

Part B: personal data (Please type or print in block capitals in black ink.)

Name.....Male Female

Age.....Date of birth (day/month/year)...../...../.....Social Security #.....

Citizenship.....Passport Number.....

Major.....GPA.....

Expected month/year of graduation.....

Freshman Sophomore Junior Senior Other (please specify)

Email.....

We will be sending information on the program including your accommodation information to this email address. Please check your email regularly.

Permanent contact address
(number/street).....

(city).....(state).....(zip).....

(phone).....(cell phone).....

Part C: emergency contact information

We require that you provide two contacts, whom FIE will contact in case of emergency whilst you are on the program.

1. Name..... Relationship

Home Phone # Work Phone #

Cell Phone #

2.Name..... Relationship

Home Phone # Work Phone #

Cell Phone #

Part C: housing information (Please circle.)

Please complete this questionnaire carefully. Your homestay assignment will be based on the information that you provide.

Housing option: Homestay Student Apartment

Are you a vegetarian or do you have any dietary restrictions of any kind?..... If so, please explain

.....

Are there any foods you do not like?

.....

Height: Weight:

Indicate any physical handicap you may have.....

.....

Do you smoke? YES NO

If you don't smoke, are you willing to live in a household where there are smokers if you have a smoke-free room?

YES NO

Are you allergic to any kind of pets? YES NO

Do you consider yourself to be a quiet person? YES NO Where do you prefer to study? Room Library Other

Would you prefer a private or shared room? Private Shared No preference

Please state three or four personal characteristics which describe yourself

.....

What are your interests or hobbies?

.....

Is there anything else you would like us to take into consideration when making your housing placement?

.....

Homestay only:

Do you prefer a family with children or a smaller one or two-person household?

Children under ten Teenagers College students One or two-person household

Part D: special requirements and learning disabilities

Please complete this section if you have any special needs which can affect any aspect of your Madrid experience i.e. living arrangements, classroom performance etc. Please also tell us how we can accommodate your needs.

.....

.....

.....

Part E: medical self-assessment

The purpose of this form is to help FIE be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. FIE may not be able to accommodate all individual needs or circumstances. **The information you provide will not affect your acceptance to the program.**

medical history (Please circle.)

- | | | |
|--|-----|----|
| 1. Are you generally in good physical condition? (if no, please explain) | YES | NO |
| 2. Have you ever been treated or are currently being treated for any psychological or emotional problems? (if yes, please explain) | YES | NO |
| 3. Do you have any allergies (if yes, please explain) | YES | NO |
| 4. Are you taking any medication? (if yes, please explain) | YES | NO |
| 5. Have you had any major injuries, diseases or ailments in the past five years? (if yes, please explain) | YES | NO |
| 6. Are you a vegetarian or are you on a restricted diet? (if yes, please explain) | YES | NO |
| 7. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience? (if yes, please explain) | YES | NO |
| 8. Do you have any conditions that could affect your adjustment to a new culture or academic program? | YES | NO |
| 9. Do you have or have you ever had an eating disorder? | YES | NO |
| 10. Do you have a history of drug or alcohol abuse? | YES | NO |
| 11. Are you receiving any special medical treatment? (if yes, please explain) | YES | NO |

If you have answered YES to any of the above questions, please give a detailed explanation at the bottom of this page. (You may continue on an extra sheet of paper if necessary.)

I certify that all responses on this medical self-assessment form are true and accurate, and I will notify FIE of any relevant changes in my health that occur prior to the start of the program.

Signature of participant.....Date.....

In the event of an emergency, FIE will make every effort to reach the individual designated as an emergency contact before using the authorization below. However, in the case of an emergency, your signature on this optional authorization may assist in obtaining necessary medical care:

- A) To prevent dangerous delay in the event of an extreme emergency requiring hospitalization and/or surgery, I hereby authorize the designated official of Foundation for International Education to secure whatever treatment is deemed necessary including the administration of an anaesthetic and/or surgery.

Signature.....Date.....

- B) I choose not to authorize the designated official to secure medical treatment on my behalf.

Signature.....Date.....

Part E: student agreement

I agree to conduct myself properly during the program and to cooperate with the FIE staff and my fellow students. I am aware that misconduct on my part may result in my expulsion from the program without refund of fees and my return home at my own expense and my home campus being informed. I understand that FIE reserves the right to affect the return to the U.S. of any student who is not meeting the standards of scholarship or conduct of the program. I understand that if I leave the program early, I will receive no refund from FIE. I understand that class attendance is required and that absence from classes is grounds for dismissal from the program.

Illegal drugs in any form are not tolerated. I understand that students participating on any FIE program found using or possessing illegal drugs in any form are subject to disciplinary action and/or immediate expulsion. I also understand that, with regards to possession or use of illegal drugs, I am subject to the laws of the country in which my program is being held.

FIE is not responsible for my well-being when I am absent from official FIE activities, during my free time or during periods of independent travel. I release FIE and my school from all claims arising out of acts of omission by persons or entities outside of its control (without limitations), including airlines, surface transportation organizations and other suppliers of program services. FIE is not responsible for any costs arising from the loss or theft of any of my personal property at any time.

I realize that it is the responsibility of the participant to complete and return all forms, to supply eight photographs and to make all program payments by the deadlines indicated. I agree that I will be liable for late payments, as determined by FIE, should I miss the payment deadlines, and I understand that failure to meet payment deadlines may result in failure to obtain certain services normally included in the program. I also agree that I am liable for any returned checks, along with any stated bank and administrative fees associated with those checks.

I recognize that it is my responsibility to obtain a passport and any necessary visas. If I am not a citizen of the US, I recognize that it is my responsibility to contact both my home country consulate or embassy and those of the host country regarding passport and visa requirements.

I agree to abide by all program rules as specified by FIE and the organizations with which it cooperates including those written in program materials provided to participants in both the United States and overseas. FIE assumes that I will read all the information contained in pre-departure emails and material about my program.

Data Protection

By participating in the Program, I hereby consent to the collection and processing by FIE, its affiliates and/or agents of personal data relating to me so that they can fulfil their obligations and exercise their rights in respect of the Program and generally administer and manage the Program. Any such processing shall be in accordance with the purposes and provisions of the Data Protection Act 1998.

In particular I consent to the transfer of my personal data outside of the United Kingdom to my university, next of kin and any appropriate governmental authority.

Signature of participant.....Date.....