

Alvin Community College
2009-2010 Study Abroad Program Application Form

Name: _____ Home Phone: _____ Today's Date: ____/____/____
Home Address: _____ Cell Phone: _____
City _____ State _____ Zip _____ E-Mail Address: _____
Emergency Contact: Name _____ Phone _____ Email _____
Date of birth: ____/____/____ Age by expected departure date: _____ Sex: Male Female
SS#: _____ - _____ - _____ Nationality: _____ Passport #: _____
(If you do not have a passport yet, leave blank until you get your passport.)

Name of college or high school last attended: _____ Date: ____/____/____
Have you ever studied... French? Yes No # of Years: _____ Institution _____
Spanish? Yes No # of Years: _____ Institution _____
Any Other Languages: _____

Current Language knowledge: (Select from: [1] Native Speaker [2] Classroom Only [3] None)
English [] French [] Spanish []

Have you taken the Departmental Online Placement Test within the last 3 months? Yes No
Which Language: French Score _____ Level _____
Spanish Score _____ Level _____

Are you now or have you ever been a student at Alvin Community College? Yes No
Last Semester/year attended: _____ Degree plan, if any: _____

I am applying for acceptance into ACC's Study Abroad Program to: France Spain Costa Rica.
Expected date of departure: Month _____ Year _____

I will have the prerequisite(s) for the course(s) below, prior to departure on ____/____/____

Select one class: French 2311 French 2312 Spanish 2311 Spanish 2312 Spanish 2317
 Spanish 2321 Huma 1301 Huma 1302 Other: _____

I wish to take this class for: College (University Parallel) credit Continuing Education
 Yes No I'm interested in Honors credit: Explain: _____
 Yes No I am in good health and will carry health insurance abroad, as included in this program.

If accepted I will abide by The ACC Student Handbook and Study Abroad rules. I realize that this is a class and that withdrawing from the Program after departure may require my return to the USA at my own additional expense. I understand that the ACC course instructor and the Director of the program abroad have the right to expel a student from the program at the institution's sole discretion should the student's behavior impede or obstruct the program.

I hereby sign this waiver and release Alvin Community College and its representative(s) from any and all damages resulting from the unavoidable risks of traveling overseas, changes in itinerary, cancellation of the program, or monetary fluctuation and I will not hold them responsible for any resulting losses or expenses.

The \$200 non-refundable Application fee is enclosed. If I am not accepted this fee will be returned.

Student's signature* _____ Date: _____
Parent or guardian's signature * (if student is under 18 yrs.) _____ Date: _____

Send your payment to:

Amalia Durán Parra, Study Abroad Programs
Department of Foreign Languages and Humanities
Alvin Community College: 3110 Mustang Road
Alvin, Texas, 77511-4879

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