



# APPLICATION FOR ADMISSION

***Thank you for deciding to apply to Academic Studies Abroad!  
In order for us to make an admissions decision, the following items must be submitted.  
Admissions decisions are made as completed applications are received, generally  
within 2-3 business days.***

- The application itself**
- One copy of your college transcript**

*Unofficial copies are acceptable as long as your name is printed on it. Applicants must have a 2.5 GPA or higher. Those below a 2.5 must also submit a letter explaining why their GPA is below a 2.5.*

***PLEASE NOTE:*** For the Barcelona II/IIA program at the Universitat Pompeu Fabra, you **MUST** submit an official transcript AND have a GPA of 3.0 or higher. If you are applying to the Barcelona II/IIA program, you must also submit proof to ASA that your home university has approved the credits.

- One letter of recommendation**
- A deposit of \$150**
- Four passport size photos (1 1/2" x 1 1/2")**
- Photocopy of the inside page of your passport**
- Please submit all of the above to:**

*Please make checks payable to: Academic Studies Abroad. See "Policies" section below for information on the deposit.*

*Students applying to Madrid must submit 8 passport photos*

**Academic Studies Abroad  
434 Massachusetts Avenue  
Suite 501  
Boston, MA 02118**

***It is always best to apply early since we are on rolling admissions.***

**Toll-free: (888) 845-4ASA  
E-mail: [info@academicstudies.com](mailto:info@academicstudies.com)  
Website: [www.academicstudies.com](http://www.academicstudies.com)**

*ASA does not discriminate on the basis of race, color, national origin, disability, age, gender, or religion according to the EEOC guidelines. ASA will not tolerate any form of sexual harassment, including unwelcome sexual advances, vulgar, abusive, humiliating or threatening language, practical jokes, and other inappropriate behavior in the workplace or on any of our programs.*

# APPLICATION DEADLINES:

<b>SPRING</b>	<b>SUMMER</b>	<b>FALL</b>	<b>WINTER</b>
<b>1/5</b>	<b>3/31</b>	<b>6/15</b>	<b>10/31</b>

## POLICIES

- ASA, Inc. reserves the right to refuse admittance to the program.
- There will be no refunds for students who leave the program early for personal reasons or are dismissed for misconduct.
- Students who withdraw from a program after the dates above but before the official start date of a program will receive a full refund minus \$1,200.
- Students who withdraw from a program before the application deadline will receive a full refund minus \$50.
- Students who are not admitted onto a program will receive their full deposit back.
- Students who are accepted and participate on a program will have their full deposit applied to the cost of their program.
- If there are any significant inflationary increases in the exchange rate, Academic Studies Abroad reserves the right to increase the price of the program prior to the departure date.
- Students may not study on an ASA program without a valid passport and a visa issued by their country of study (if required).

## RELEASE

THE STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ OF \_\_\_\_\_  
 (NAME) (ADDRESS)

In consideration of the benefits accruing to me from Academic Studies Abroad Program (the "program"), and other good and valuable consideration, do hereby release and discharge Academic Studies Abroad and any and all of their agents, employees, or representatives from all actions, suits, claims, or liability for damages or other legal or equitable relief of any nature resulting from, arising out of, or related to my participation in the program (including, without limitation, claims for personal injury or property damage). In addition, I hereby grant all ASA employees and their agents permission to disclose and release information about me to my current academic advisor at my college/university, as well as to my parents and family.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ STUDENT SIGNATURE

## ACADEMIC CREDITS

**THE FOLLOWING NEEDS TO BE SIGNED BY EITHER THE STUDY ABROAD DIRECTOR OR ACADEMIC ADVISOR AT YOUR SCHOOL TO ENSURE THAT YOU HAVE BEEN APPROVED TO STUDY ABROAD FOR CREDITS.**

I, \_\_\_\_\_ hereby grant permission to \_\_\_\_\_  
(STUDY ABROAD DIRECTOR OR ACADEMIC ADVISOR) (STUDENT NAME)

to study abroad with Academic Studies Abroad ("ASA") and I have confirmed with the registrar that credits earned abroad by him/her are transferable to \_\_\_\_\_.  
(SCHOOL NAME)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

**IF YOU DID NOT GET THE "ACADEMIC CREDITS" SECTION SIGNED ABOVE, PLEASE READ AND SIGN BELOW.**

I, \_\_\_\_\_ hereby understand, accept, and acknowledge that by not receiving a signature in  
(YOUR NAME)  
 the above "academic credits" section there is no guarantee that I will receive academic credits from my school for the classes I take while abroad. If I do not receive academic credits, I agree to hold Academic Studies Abroad and any of their agents, employees, or representatives harmless and relieve them of any and all liability.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PRESENT ADDRESS** MR.  MS.

FIRST

MIDDLE

LAST

STREET ADDRESS OR POST OFFICE BOX

CITY

STATE

ZIP CODE

HOME TELEPHONE #

CELL PHONE #

E-MAIL ADDRESS

**PERMANENT ADDRESS (IF DIFFERENT THAN ABOVE)**

STREET ADDRESS OR POST OFFICE BOX

CITY

STATE

ZIP CODE

TELEPHONE

E-MAIL ADDRESS

PLEASE SEND ALL PAPERWORK TO MY  PRESENT ADDRESS  PERMANENT ADDRESS**SCHOOL INFORMATION** FRESHMAN  SOPHOMORE  JUNIOR  SENIOR  GRAD STUDENT  ALREADY GRADUATED  OTHER

SCHOOL CURRENTLY ATTENDING

CURRENT GPA

MAJOR

MINOR

**PERSONAL INFORMATION**

DATE OF BIRTH

AGE

PLACE OF BIRTH

SOCIAL SECURITY NUMBER

NAME(S) OF PARENT(S) AND RELATIONSHIP (I.E. MOTHER, STEP-FATHER, ETC)

PASSPORT NUMBER

EXP. DATE

CITIZENSHIP

**PAYMENT INFORMATION****I will be paying for the program using:** PERSONAL LOAN/FINANCIAL AID  UNIVERSITY FINANCIAL AID  MY OWN OR MY PARENTS MONEY**Where should we send bills to?** ME AT SCHOOL  ME AT HOME  MY PARENT(S)  MY FINANCIAL AID OFFICER  OTHER (PLEASE EXPLAIN)**If the address you want the bills sent to is different than above, please give us the address:****PROGRAM INFORMATION FOR SPAIN**

CITY

PROGRAM DATES

PROGRAM PRICE

PROGRAM COURSE CODE

**LANGUAGE INFORMATION**

HIGHEST LEVEL OF COLLEGE SPANISH TAKEN: \_\_\_\_\_

GRADE RECEIVED: \_\_\_\_\_

HIGH SCHOOL (No. of years studied): \_\_\_\_\_

**How well do you speak and understand spoken Spanish?** POORLY  OK, BUT NOT GREAT  WELL  VERY WELL  I'M FLUENT**How well do you read and write Spanish?** POORLY  OK, BUT NOT GREAT  WELL  VERY WELL  I'M FLUENT

