

# CONCORDIA UNIVERSITY STUDY ABROAD APPLICATION

## Office of the Registrar

- EXCHANGE PROGRAM
- THIRD PARTY STUDY ABROAD PROGRAM
- FACULTY LED PROGRAM

Name: \_\_\_\_\_ Banner ID#: E \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Major: \_\_\_\_\_

Academic Term/Year:      FALL      SPRING      SUMMER      YEAR: \_\_\_\_\_

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### Part I. Program

CUI Program: \_\_\_\_\_

Third Party Company and Program: \_\_\_\_\_

Faculty Led Program: \_\_\_\_\_

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### Part II. Course of Study

Course Number	Course Description	Units	Equivalent CUI Course Number	Applies to Program/Major/Minor

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Education: **Debbie Brumfield**: Needed if major/minor is in Education)

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(CCI: **Carrie Donohoe**: Needed if major/minor is in Christ College)

**Part III. Financial Aid/Student Account Agreement**

Students participating in an CUI Programs may use all of their Concordia University financial aid (except work study and performance or sports scholarships), to fund the program. Proof of registration is required prior to the disbursement of any funds.

Financial Aid Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part IV. International Department Approval**

Global Programs: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Part V. Student Agreement**

I agree to the guidelines for the Study Abroad Program and to its requirements and limitations.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STUDENT EMERGENCY CONTACT INFORMATION: (contact in case of an emergency; i.e. parent, family member, friend)

**Please fill out back of form completely. We need at least three contacts.**

1. \_\_\_\_\_  
Last Name, First Name  
\_\_\_\_\_  
Home Phone Number  
\_\_\_\_\_  
Cell Phone Number  
\_\_\_\_\_  
Email Address

2. \_\_\_\_\_  
Last Name, First Name  
\_\_\_\_\_  
Home Phone Number  
\_\_\_\_\_  
Cell Phone Number  
\_\_\_\_\_  
Email Address

3. \_\_\_\_\_  
Last Name, First Name  
\_\_\_\_\_  
Home Phone Number  
\_\_\_\_\_  
Cell Phone Number  
\_\_\_\_\_  
Email Address

*For Use by the Office of Global Programs*

Bursar Clearance     Judicial Clearance     Insurance Coverage     Academic Probation Clearance

*For Use by the Office of the Registrar*

Proof of Registration     Copy of Schedule     Enrolled Concurrently

## Ansuchen um Zulassung als Austauschstudent / Austauschstudentin Application Form for the Admission of Exchange Students

Bitte leserlich ausfüllen! / Please type or print legibly!

**Nicht / Not Erasmus!**

<b>Personalia / Personal Data</b>		
<b>Familienname / Family Name</b>	<b>Vorname(n) / First Name(s)</b>	<b>Foto (falls vorhanden) / Photograph (if available)</b>
<b>Geburtsdatum / Date of Birth</b>	<b>Geburtsort / Place of Birth</b>	
<b>Staatsbürgerschaft / Nationality</b>	<b>Geschlecht / Sex</b> <input type="checkbox"/> männlich / male <input type="checkbox"/> weiblich / female	
<b>Heimatanschrift / Permanent Address (1)</b>		<b>Derzeitige Adresse / Present Address (2)</b>
<b>An welche der beiden oben genannten Adressen soll Ihre Post zugeschickt werden? / To which one of the above given addresses should mail be sent?</b> <input type="checkbox"/> (1) <input type="checkbox"/> (2)		
<b>Telefonnummer / Telephone Number</b>		
<b>Email</b>		

<b>Aktuelle Studienangaben / Current Study Details</b>	
<b>Heimatuniversität / Home University</b>	<b>Studiengang (Hauptfach) / Degree Programme (Major Field of Study)</b>
<b>Studienbeginn / Date of Enrolment</b>	<b>Voraussichtlicher Studienabschluss / Expected Date of Graduation</b>



### Sprachkenntnisse / Language Competencies

	Keine Kenntnisse / None	Grundstufe / Elementary Level (A1/A2)*	Mittelstufe / Intermediate Level (B1/B2)*	Oberstufe / Advanced Level (C1/C2)*
Deutsch / German				

Online Sprachentest / Online Language Test: DIALANG: <http://www.dialang.org/intro.htm>

\* Gemeinsamer Europäischer Referenzrahmen (GER) / *Common European Framework of Reference for Languages (CEFR)*  
Detaillierte Beschreibung der Niveaustufen A1 bis C2 unter: / *Detailed description of the A1 to C2 levels under:*  
[www.wikipedia.org](http://www.wikipedia.org)

**Hinweis:** Über ein Mindestniveau A2 (gem. GER) in der deutschen Sprache zu verfügen ist jedem / jeder Austauschstudierenden zu empfehlen.

**Note:** *It is recommended that every incoming exchange student has at least the A2 level (as to CEFR) of German competency.*

Reichen Ihre Deutschkenntnisse aus, um dem Lehrbetrieb an der Universität Salzburg folgen zu können?  
*Are your German competencies sufficient to attend courses at the University of Salzburg?*

ja / yes    nein / no

Falls nein; Wünschen Sie dennoch eine Zulassung? / *If no; Do you still apply for admission?*    Ja/Yes    Nein/No

### Bestätigung und Unterschrift / Declaration and Signature

Mit meiner Unterschrift bestätige ich die Richtigkeit meiner Angaben.  
*I hereby declare that the above statements are correct.*

Datum / Date

Unterschrift / Signature

### Bestätigung der Heimatuniversität / Confirmation of the Home University

Ich bestätige, dass der/die StudentIn für die Teilnahme am Austauschprogramm nominiert ist.  
*I confirm that the student has been nominated for participation in the exchange programme.*

Name und Funktion / *Name and Position*

Datum / Date

Unterschrift / Signature

Bitte retournieren Sie diesen Antrag gemeinsam mit Ihren Unterlagen (Lebenslauf, Studienerfolgsnachweis, und Motivationsschreiben) an: / *Please return the application form with your enclosed documents (CV, Transcript of Records and Statement of Purpose) to:*

Universität Salzburg / *University of Salzburg*

Büro für Internationale Beziehungen / *International Relations Office*

Irina Veliz-Delgado • Referentin für internationale Studierende / *Consultant for international students*

Kapitelgasse 6

5020 Salzburg • Austria

Fax: + 43 662 8044 154

Email: [irina.veliz-delgado@sbg.ac.at](mailto:irina.veliz-delgado@sbg.ac.at)

**Hinweis / Note:** Falls Sie den Antrag per E-Mail oder Fax vorausschicken, erwarten wir zusätzlich die Zusendung des Originalantrags (inkl. Unterlagen) per Post! / *If you send the application per email or per fax we still require that the original application form (incl. additional documents) should be sent per regular mail.*



## Release and Hold Harmless Agreement/Waiver of Liability Form

I, the undersigned participant, request voluntary participation for myself to participate in the \_\_\_\_\_ activity on \_\_\_\_\_ (date) which begins at \_\_\_\_\_ (time) and ends at \_\_\_\_\_ (time) Sponsored by Concordia University Irvine all of which are hereafter referred to as the “activity”.

I consent to participation in the activity and acknowledge that I fully understand my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, an/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

I agree that photographs pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the activity without compensation from Concordia University Irvine and the officers, employees, and agents of each of them and consent to use of photographs, pictures, slides, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all the risks and dangers associated with my participation in the activity. I agree I am financially responsible for any losses resulting from my actions and will indemnify Concordia University Irvine and the officers, directors, employees, and agents of each of them, for any loss or damage caused by myself during this activity.

In consideration of my participation in the activity, I hereby waive all claims or causes of action against Concordia University Irvine and the officers, directors, employees, and agents of each of them arising out of my participation in the activity and hereby forever release, hold harmless, and discharge Concordia University Irvine and the officers, directors, employees, and agents of each of them from all liability in connection therewith except as such loss or damage which was caused by the sole negligence or willful misconduct of Concordia University Irvine and its officers, directors, employees, representatives and volunteers, and the officers, directors, employees, and agents of each of them.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against Concordia University Irvine and the officers, directors, employees and agents of each of them is knowingly given up in return for allowing my participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

\_\_\_\_\_  
Emergency contact name (print) (Area Code) Phone Number

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Participant's Name (Print) (Area Code) Phone Number

List medical/prescription information below:

\_\_\_\_\_  
Address City/state Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_