

Application Form for Summer Program 2017

Name _____
Last, First, Middle Initial First name you prefer to be called

Gender M F Other DoB _____ Citizenship _____ Soc Sec# _____
(mm/dd/yy) (for internal use only)

E-MAIL ADDRESS: _____

Please list the e-mail address that you use most frequently. It is very important that CYA has your correct e-mail as this is our main way of contacting you and providing you with information. **Please notify us immediately of any changes.**

Current College/University _____

Major(s) _____

Have you ever been on academic or social probation? No Yes (If yes, please explain on a separate piece of paper)

List the Summer Program(s) you are applying for:

Session I, I-a
 5/29-6/24, 6/5-7/1

Session II
 6/26-7/22

ACADEMIC CREDIT

Are you planning to earn credit at your home institution for coursework completed at CYA? Yes No

Please note that all students will be graded on their coursework and, subject to payment in full of all financial obligations, an official CYA transcript will be issued. The student's record will be kept in their permanent file at CYA. Students intending to earn credit at their home institution for coursework completed at CYA must submit the Statement of Study Abroad Approval / Credit Transfer form (page 3 & 4 of this application) prior to the start of the program.

PERMANENT/HOME ADDRESS

Street: _____

City: _____ State: _____ Zip: _____ Country (if not US) _____

Home Phone _____ Cell Phone: _____

Passport Number (if available) _____

CURRENT ADDRESS (if different than your Home/Permanent Address) Please give details on how we can contact you between now and the time you will begin your program.

Street: _____

City: _____ State: _____ Zip _____ Country (if not US) _____

Home Phone _____

PARENT/GUARDIAN		
Name		
Relationship		
Address (if different than permanent)		
Phones: Work, Home		
Cell Phone		
E-mail		

APPLICATION CHECK LIST:

APPLICATION FORM

STATEMENT OF STUDY ABROAD APPROVAL/CREDIT TRANSFER

OFFICIAL TRANSCRIPT in a sealed envelope

LETTER of ACADEMIC REFERENCE (ONLY if a transcript from a school of record is required.)

SEND TO: By mail:

College Year in Athens P.O. Box 390890
Cambridge, MA 02139-0010

By courier service:

College Year in Athens
1035 Cambridge Street, Suite 21E
Cambridge, MA 02141
Tel: (617)868-8200

CERTIFICATION

I, the applicant signing below, hereby apply to the **Summer 2016** program in Greece (the "Program") administered by College Year in Athens and certify that the information provided on and submitted in connection with this application is accurate and complete.

I authorize College Year in Athens, at any time, including during the application process and, if accepted, after acceptance, to discuss any issue relevant to my participation in the Program with any person deemed useful for such purpose, as determined by College Year in Athens, in its sole and absolute discretion, including my parents, other family members, employers, peers, and representatives of my home institution or any other institution I have attended. Such issues might include those related to academic, health, or behavioral matters, or any other situation warranting the concern of College Year in Athens. I hereby waive any rights I may have, including any rights under the Family Educational Rights and Privacy Act of 1974, as amended (20 U.S.C. § 1232g), to inspect, at any time, including during the application process and, if accepted, after acceptance, any records comprising or related to such discussions and I release College Year in Athens from any and all liability that may result from any discussions by College Year in Athens pursuant to this authorization.

I further authorize College Year in Athens to distribute my name and address to other participants prior to my participation in the Program and in the future to others interested in the Program.

I have had enough time to ask questions about anything in this Certification that I did not understand and to seek advice if it was necessary for me to understand it. I now have read, understood and agree to this Certification.

Signature of Applicant _____ Date _____

Statement of Study Abroad Approval / Credit Transfer for Summer

Since each institution has its own rules governing credit transfers, it is the responsibility of the applicant to contact and give this form to the person or office authorized to approve study abroad and credit transfers, usually a study abroad advisor, but possibly a dean or registrar at her/his home college or university. Note that if a professor or academic advisor fills out the form, it would be advisable to have the study abroad advisor sign the form as well.

Section A – To be filled out by the applicant

Name: _____ Summer: 20 ____

Course: _____ Course: _____

By completing this form and signing below, I give permission to CYA and/or to the School of Record to release a transcript at the completion of my program.

Student's Signature: _____ Date: _____

Section B – To be filled out by the person authorizing the above applicant's study abroad/transfer of credits:

Name: _____ Title: _____

Office/Department: _____

Mailing Address: _____

Office Phone: (_____) _____ E-mail: _____

Would you like a copy of the acceptance notification? Yes No

I, the undersigned, certify that I have the authority to approve and guarantee credit under the conditions outlined below.

Signature: _____ Date: _____

Credit Information

Please note that if your school does not accept CYA credit, you have the option to obtain credit through the CYA School of Record, Southwestern University, which will issue a transcript for your student's CYA course work. If you choose the School of Record option, the student will be billed the \$250 School of Record fee (\$50 for students at Associated Colleges of the South schools) unless you indicate that your institution should be billed.

Will the student be granted credit by your institution for work completed at CYA?

- Yes, on the basis of the CYA transcript.
- Yes, on the basis of the official transcript from the CYA School of Record, Southwestern University.
 - Please bill the student for the School of Record fee
 - Please bill my institution directly
- In either case, are there special conditions for the award of credit (e.g., grades)

Statement of Study Abroad Approval / Credit Transfer for Summer – cont.

Please continue if transcripts from CYA (or from the School of Record) should be sent to a different address from the one listed above.

If different from above, the transcript from CYA (or the School of Record) should be sent to:

Name: _____ Title: _____

Office/Department: _____

Mailing Address: _____

Office Phone: (_____) _____ E-mail: _____

Academic Reference Form for Summer Program 2016

Section A

To be completed by the applicant and then given to the referee.

Name _____

The Family Educational Rights and Privacy Act of 1974, as amended (20 U.S.C. § 1232g), opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing her/his rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver of the applicant's right to inspect this reference at any time, including during the application process and, if accepted, after acceptance/

Applicant's Signature _____ Date _____

Section B

To the referee: (Please write on a separate piece of paper and return it with this form to the student)

The above-named student is applying to College Year in Athens, a university level program in Greece. Please try to cover the following points in your evaluation: length of time and in what capacity you have known the applicant, academic ability, emotional maturity, common sense and good judgment, adaptability (especially for living and studying abroad), capacity to cope with unusual/uncomfortable situations and work with a group of peers.

Please return this form and your letter, in a sealed envelope, to the applicant, who will send it together with other required documents to the Admissions Committee in Athens. This candidate's application cannot be reviewed until we receive this form. Thank you.

Would you enjoy having the student as a member of a group for which you were responsible? Yes No

Please print.

Name _____ Position _____

Office/Department _____

Institution _____ Office Tel. _____

E-mail _____ Office Fax _____

Address _____

Signature _____ Date _____