

## APPLICATION FORM INSTRUCTIONS FOR APPLYING

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A complete application is comprised of the following

- Biographical Data
- Statement of Study Abroad Approval
- Academic Plan
- Personal Statement
- Official copy of transcript from each college/university attended
- Two Academic References

*Your application will not be considered until it is complete; it is therefore recommended that the Biographical Data and all supporting materials be sent in one packet.*

To be sent to:

By mail:

Admissions Committee of CYA  
PO Box 390890  
Cambridge, MA 02139-0010

By courier service (DHL, FedEx, UPS, etc.):

Admissions Committee of CYA  
1035 Cambridge Street, Suite 21E  
Cambridge, MA 02141  
Tel: (617) 868-8200

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### Statement of Study Abroad Approval /Credit Transfer

This should be completed by the person at your home institution who is responsible for study abroad permission/credit transfer (whether that be study abroad advisor, dean, registrar or academic advisor), and is designed to help facilitate the transfer of credit for the courses you take at CYA. Students who have successfully completed one or two semesters at CYA normally receive the same amount of credit as they would for an equivalent period at their home institution. Credit is issued by prearrangement with your home college or university on the basis of receiving a College Year in Athens transcript.

If your home institution will not grant credit based on the College Year in Athens' transcript, this form provides a space for your study abroad advisor to request that your transcript be processed by our School of Record, Southwestern University, and also to indicate to whom the invoice for the processing fee should be sent.

### Personal Statement

Please write a brief statement which mentions previous schooling; reasons for wishing to study at CYA, and what you expect to achieve; previous international experience, if any; professional goals, interests and hobbies, and any other information that may be useful to the Admissions Committee.

### Academic Plan

This section is to be filled out in consultation with your advisor and should reflect as accurately as possible your academic needs and goals. The Academic Plan outlines the areas of study you wish to pursue at CYA and the levels in each that would be appropriate to you. **Please note that the Academic Plan is step one in a 3-part registration process (see next page).**

### Academic References

These must be from professors or college administrators who can attest to your intellectual abilities, character, and knowledge.

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### Application Schedule

CYA employs a rolling admissions policy. Since applications are considered only as long as space is available, CYA strongly encourages early application.

### Review Process

When your *complete* application is received, it will be forwarded from Cambridge to the Admissions Committee in Athens. As soon as a decision is made you will be notified by e-mail.

### Confirmation of Acceptance

To ensure your place, be sure to respond to the financial and legal documents sent to you by the Bursar (see below) **within four weeks** of notification of your acceptance to the Program.

The entire process normally takes about 2-3 weeks after receipt of your *complete* application in the North American Office.

## E-MAIL ADDRESS

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Almost all of our communication with you will be by email; we will be sending forms and documents as email attachments. Please check your spam folder regularly to ensure that you receive these materials, as many of them are time sensitive.

## AFTER ACCEPTANCE

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### Pre-departure

Accepted students are sent a username and password to login to the CYA website giving them access to the Accepted Student's Page which contains updated:

- Pre-departure Information
- Pre-departure To-Do List
- Visa Information and Application Form
- Registration Information, Course Offerings, Calendars and Schedules
- On-line Submissions Forms for:
  - Medical Information
  - Housing Application
  - Registration
  - ISIC Application
  - Flight Information

### Financial and Legal Documents

Applicants are advised to check the CYA web-site ([www.cyathens.org](http://www.cyathens.org)) for the latest figures on the fees and estimated expenses. Please be aware that if your home institution pays CYA directly, the CYA program fees may not apply; check the payment policies with your study abroad office.

After acceptance, you will be sent a Participation Agreement and Release form which must be signed by all appropriate parties and mailed in before you can commence the program. You will also be sent information on payment for your study at CYA. As the payment method varies according to the arrangement your home institution has with CYA, you should follow the instructions sent to you by CYA.

## FINANCIAL AID

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### Transfer of Financial Aid

If you currently receive financial aid from your college or university, you should consult immediately with your financial aid office to find out what portion of your aid package will apply to your period of study abroad. Check to see if a consortium agreement between CYA and your institution needs to be signed in order for your financial aid to transfer. If you apply for Federal or State financial aid, do not send any government or bank forms to be signed by CYA. These can be signed only by your degree-granting institution. Go to your college financial aid office for assistance.

Please check CYA web-site ([www.cyathens.org](http://www.cyathens.org)) for latest figures on the fees and estimated expenses. If there are any questions on this matter, please have your financial aid officer contact our North American Office: TEL: (617) 868-8200, E-MAIL: [info@cyathens.org](mailto:info@cyathens.org).

### Applicants for supplemental scholarship aid from CYA

This should be completed ONLY if you are applying for scholarship aid from CYA. Please note that the form must be filled out in consultation with, and signed by, the financial aid officer at your home institution. Completed CYA scholarship aid applications should be received by April 1. *This deadline applies to all scholarship applicants, including those for spring semester. If funds are available, later applicants for aid will be considered.*

## BIOGRAPHICAL DATA FORM

Although parts of the Application Form may be filled out online, it cannot be submitted online. Please print out and sign the completed form before sending it in with your application fee and other documents.

Applying for: Full academic year (2 semesters) 20\_\_\_\_-20\_\_\_\_  
 Fall semester only 20\_\_\_\_ Spring semester only 20\_\_\_\_

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

Gender: F M Other Date of birth \_\_\_\_\_ mm/dd/yy Citizenship \_\_\_\_\_ Soc. Sec.#. \_\_\_\_\_ (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 address 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)

**HOME/PERMANENT (NOT COLLEGE/UNIVERSITY) ADDRESS** Please list your home/permanent address below giving Street / City/ State / Zip / Country (if other than US). This is the address that will be put on your transcript and will be used for alumni mailings from CYA.

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

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**CURRENT ADDRESS (if different than your Home/Permanent Address)**

Please list the phone numbers where you can be reached.

Applicable from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Phone(s): \_\_\_\_\_

PARENT/GUARDIAN	Father	Mother
Name		
Occupation		
Business Phone		
Cell Phone		
E-mail		
Address & home phone (if different from those indicated as permanent )		

**ATHENS** – Applicants intending to live with relatives in Athens must give the following information:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ TEL \_\_\_\_\_

**INFORMATION FOR VISA** Please note: you will need a valid passport before you can apply for a student visa.

FATHER’S and MOTHER’S NAMES: For visa purposes we need both of your birth parents’ complete names (if available).

If not included above: Father’s \_\_\_\_\_

Mother’s \_\_\_\_\_

Current passport number \_\_\_\_\_ Expiration date \_\_\_\_\_

If you do not have a passport yet, date you applied for one \_\_\_\_\_

**PERSONAL STATEMENT**

On a separate sheet of paper you are requested to submit a brief statement, mentioning in particular:

- previous schooling;
- reasons for desiring to study at CYA and what you expect to achieve during your stay;
- previous international experience, if any;
- professional goals and personal objectives;
- interests and hobbies;
- any other information that may be useful to the Admissions Committee

**OPTIONAL INFORMATION**

How did you **first** hear about CYA? (Check one)

Personal recommendation (please specify if CYA alum/professor/family, etc.) \_\_\_\_\_

CYA printed materials in Study Abroad Office      Study Abroad Printed Guide/Directory \_\_\_\_\_

Study Abroad On-line Search Engine (please specify) \_\_\_\_\_

Study Abroad Fair or Campus Visit by Representative \_\_\_\_\_

Ad in/on \_\_\_\_\_ Other \_\_\_\_\_

What made you decide to apply to CYA? (Check as many as apply)

Recommendation of study abroad advisor/professor

Recommendation from CYA alum

Course offerings

Location

English as the language of instruction

Are you of Greek Heritage?    Yes    No    Do you speak Modern Greek?    Yes    No

## APPLICATION CHECK LIST

Biographical Data

Personal Statement

Academic Plan

Transcript(s)

Statement of Study Abroad Approval

2 Academic References

### **For supplemental scholarship aid applicants only:**

Check *only* if you are applying to CYA for scholarship aid. Include the following documents:

Application for Supplemental Scholarship Aid

Copy of parents'/guardians' last federal tax return (1040 only)

Copy of your last federal tax return (1040 only)

## CERTIFICATION

I, the applicant signing below, hereby apply to 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 \_\_\_\_\_ Date \_\_\_\_\_



## STATEMENT OF STUDY ABROAD APPROVAL/CREDIT TRANSFER (page 1 of 2)

Please type or print using black ink.

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: \_\_\_\_\_

Full academic year 20\_\_-20\_\_ (2 semesters)  
 Fall semester 20\_\_ (only)  
 Spring semester 20\_\_ (only)

*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: Part I

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

The student named above is applying to CYA, an independent university level program in Greece. This form does not request a recommendation or evaluation of the student. It is intended to help the student take the necessary steps at your institution to receive credit toward graduation for work completed at CYA, and to alert CYA to any special requirements your institution may have.

Before providing the information below, please discuss with the applicant her/his intended course of study, and be sure that s/he is aware of any special requirements your institution may have. After the form has been completed and signed, it should be submitted with the other application documents to CYA.

#### Conditions

- To receive credit, the student must pass each course with a grade of \_\_\_\_\_ or better.
- Are there any courses at CYA for which your institution will not grant credit? \_\_\_\_\_
- A full academic program at CYA consists of four courses per semester and extensive on-site instruction. A few institutions require a fifth course. What is the policy of your institution?  4 or  5
- Some institutions require their students to take the host language.  
Is that true of your own institution?  Yes  No  
If there is a language requirement, can it be fulfilled by taking Ancient Greek?  Yes  No
- Would you like a copy of the CYA notification that is sent by email to the student?  Yes  No

Please continue on next page.

## Section B: Part II

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

### Credit Information

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  
(with any grade/course requirements as indicated in the previous section)
- 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
- No (please explain) \_\_\_\_\_

### Person Authorizing Study Abroad//Transfer of Credits

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office//Department \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

### 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 PLANNING

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*To be completed in consultation with your academic advisor*

Please note: This does **NOT REGISTER YOU FOR CLASSES**. You will be notified by e-mail when the final schedule is posted and registration opens. After registration opens you may register by logging in to the CYA website and submitting the online form or by sending a list of course selections and alternatives by e-mail to the Registrar at [registrar@dikemes.edu.gr](mailto:registrar@dikemes.edu.gr).

Major(s) \_\_\_\_\_ Minor \_\_\_\_\_

Class standing while in Athens:    Sophomore    Junior    Senior    Other \_\_\_\_\_

Present cumulative GPA (on 4.0 scale) \_\_\_\_\_ Last semester's GPA \_\_\_\_\_ GPA in Major \_\_\_\_\_

Academic Advisor \_\_\_\_\_ Department \_\_\_\_\_

CYA considers 4 courses a normal fulltime load. However, some schools require their students to take 5 courses and some students may decide to opt for a fifth course. Students may choose courses from any of the academic disciplines. Please refer to the course descriptions on the CYA website for availability.

**Please check the academic disciplines you are interest in:**

**Art and Archaeology**

**Literature**

**Communications**

**Philosophy**

**Economics (cross-listed)**

**Religion**

**Environment**

**Political Science, Interntional Relations**

**Ethnography**

**Urban Planning & Sustainability**

**History**

**Languages**

**Ancient Greek (LEVEL \_\_\_\_\_)**

**Latin (LEVEL \_\_\_\_\_)**

**Modern Greek Language (LEVEL \_\_\_\_\_)**

## REQUIREMENTS

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Are you required to take Modern Greek?    Yes .. No.    Are you required to take 5 courses?    Yes    No

Please list any courses which you are **required** to take during your semester or year at CYA:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## ACADEMIC REFERENCE FORM

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Please type or print using black ink

### Section A

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

Name \_\_\_\_\_

Applying for:

Full academic year 20\_\_-20\_\_ (2 semesters)       Fall semester 20\_\_       Spring semester 20\_\_

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/

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 \_\_\_\_\_

## ACADEMIC REFERENCE FORM

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Please type or print using black ink

### Section A

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

Name \_\_\_\_\_

Applying for:

Full academic year 20\_\_-20\_\_ (2 semesters)       Fall semester 20\_\_       Spring semester 20\_\_

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/

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section B

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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 \_\_\_\_\_