# Application Checklist

- Salzburg College application form
- 1 **digital** picture
- Statement of purpose
- 2 Faculty recommendations
- Copy of transcript
- Course Registration
- Housing information (with picture) and autobiography
- Medical statement and information
- Consent and release form, medical coverage
- Copy of passport
STATEMENT OF PURPOSE

Please type a multi-paragraph statement (minimum 1000 words) explaining your reasons for wanting to study in Salzburg. In your thoughtful statement please address a) the connection between your academic preparation and your intended academic work at Salzburg College, b) your academic goals for your studies at Salzburg College, and c) the purpose of integrating study abroad into your education.
SALZBURG HOUSING INFORMATION

In order to give the administration of Salzburg College a preliminary idea of the housing arrangements you prefer, please fill in the information requested below and write an autobiographical sketch on the back of the page. However, you should know that assignments will only be made after personal discussion with you during the initial Germany field trip and after you will have had an opportunity to meet the other students of Salzburg College.

I prefer ☐ dorm living  ☐ living with a host family

I would prefer a family:
☐ with children
☐ without children
☐ no preference

☐ I smoke   ☐ I am a vegetarian
☐ I am allergic to ____________________________________________
☐ other special needs __________________________________________

What do you expect to gain from living with an Austrian family?________________________
________________________________________________________________________
________________________________________________________________________
Biographical Sketch

On this page write a short autobiographical sketch (minimum 500 words) which will help the Salzburg College staff in getting to know you and arranging your placement. Please include any special thoughts you may have on your living situation in Salzburg.

(Preferably hand-written)  

Continue on reverse side!
LETTER OF RECOMMENDATION

Name of student

The above student has applied for admission into Salzburg College. Please indicate below your evaluation of the student. Please comment in a printed narrative (to be attached) on the following aspects:

- The student’s apparent intellectual ability
- The student’s emotional maturity
- The student’s motivation for studying abroad
- The student’s flexibility and ability to adjust to a foreign environment

Thank you for your valuable input!

Name and title of instructor

Signature

Date
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Thank you for your valuable input!

________________________________________  ____________________________
Name and title of instructor               Signature

________________________________________
Date
MEDICAL HISTORY
(To be completed by the participant)

Name of student

Term

This form will help to provide medical support for you should the need arise during the study abroad experience. It is important that your study abroad program be made aware of any medical or emotional problems, past or current, which might affect you in a study abroad context. Mild physical or psychological disorders can potentially become serious under the stress of a new cultural environment. The information provided will remain confidential and will be shared with program staff, faculty or appropriate professionals only if pertinent to your own well-being. This information does not affect your admission into the program.

Are you generally in good physical condition?  Yes  No
(If no, please explain.)

Have you ever been treated or are you currently being treated for any psychological or emotional problems?  Yes  No
(If yes, please explain.)

Do you have any allergies? (If yes, please explain.)  Yes  No

Are you taking any medications? (If yes, please explain and print the name of the medication.)  Yes  No
Have you had any major injuries, diseases, or ailments in the past five years? (If yes, please explain.)

Yes  No

Are you a vegetarian, or are you on a restricted diet? (If yes, please explain.)

Yes  No

Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to know during your study abroad experience? (If yes, please explain.)

Yes  No

I, ________________________________ certify that all responses made on this health form are true and accurate, and I will notify the Study abroad Office of any relevant changes in my health that may occur before departure.

Participant's signature: ________________________________

Date: ________________________________
MEDICAL STATEMENT

__________________________
Name of student

The above student is in good state of health and there are no medical objections to his/her participation in a foreign study program.

Does the student have any disease or disability which will need continued or periodical treatment? __________________________________________________________________________

Does the student have allergies? __________________________________________________________________________

To your knowledge and based on a recent medical examination, are there any predisposing medical, physical or emotional factors which under stress of adjusting to another culture may require treatment while the student is abroad?

_____ Yes  _____ No

If yes, please comment:

__________________________  ________________________________
Date  Signature of physician

______________________________
Address and phone number

Ursulinenplatz 4
A-5020 Salzburg, Austria
Telefon 0662/84 25 01
Fax 0662/84 25 01-22
E-mail: info@salzburgcollege.edu
CONSENT AND RELEASE and MEDICAL COVERAGE

I the undersigned________________________________________ indicate my desire to study at Salzburg College, Salzburg, Austria, for the __________________________ (semester/year).

I understand that neither Salzburg College nor any of its officers or employees shall assume any liability for damage or loss of property or for any financial or other obligations incurred by me. I agree to waive any claims which may now or in the future be asserted against Salzburg College for reason of any accidents, injuries or actions by me while in transit to or returning from or while studying at Salzburg College.

I understand that I shall be subject to the supervision and authority of Salzburg College, its officers and employees and acknowledge the fact that they have the right to exclude any student whose conduct or academic standing may warrant such control. I understand that students are expected to attend classes regularly unless otherwise indicated by illness or unavoidable circumstances and are expected to display a sense of maturity and responsibility as representatives of their university and country.

I acknowledge that in the case of withdrawal or dismissal from Salzburg College only those portions of my payments will be refunded which have not been spent or committed and that I will no longer have access to any of the facilities arranged for students of Salzburg College.

I consent to be given medical or surgical treatment as may become necessary for myself and understand that any costs thereof would be borne by me. I also understand that I am responsible to obtain my own medical insurance coverage.

MEDICAL COVERAGE

I carry the following medical coverage:

________________________________________

This policy covers doctors and hospital services, evacuation and repatriation, and any other related emergency treatment.

I understand that while studying abroad I will have to initially pay my bills and then recover the money from my insurance company.

SIGNED:______________________________

City ___________________ Date _______________

Student

______________________________

Parent or Legal Guardian, if student is not of legal age
PARTICIPANT'S NAME

SEASON/SEMESTER

SOCIAL SECURITY NR.

HOME UNIVERSITY OR COLLEGE

(Please circle

REQUESTED COURSES

Alternate choices :*)

*) We ask you to list an alternate course choice in case there might be a schedule conflict. Please indicate if there are classes that you definitely need to fulfill requirements at your university.