



UNIVERSIDAD CATÓLICA
DE SANTIAGO DE GUAYAQUIL

STUDY ABROAD PROGRAM APPLICATION

INSTRUCTIONS:

- Before applying, please consult your Academic and Study Abroad Advisors, your Scholasticus Advisor, and your parent(s) or guardian(s). Also, please read thoroughly the program's qualification requirements.
- Fill pages 3-5 and sign on page 5.
- Fill the first part of the Foreign Language Form (included at the end of this document) and then hand it to a faculty member of your university's Foreign Language Department; preferably one who has been or is your teacher. Make sure the applicant portion of the form is filled and signed before turning it to your language professor. The faculty member should return you the Foreign Language Form in a sealed envelope addressed to your Academic or Study Abroad Advisor or Scholasticus.
- Deliver the application and the sealed envelope to your Academic or Study Abroad Advisor for his/her revision and approval (on page 6). Once the application has been approved by your college or university, the Study Abroad Department can mail it directly to us to any of the addresses below. If direct mailing is not possible, please ask your Academic or Study Abroad Advisor to return to you the application with all other required documents in a sealed envelope; then you may send it to any of the addresses below. We encourage senders to use a traceable international mail service (such as DHL, FedEx or UPS)

Ecuador Main Address	Unites States Mailing Address
Comité de Aplicaciones Scholasticus Centro Empresarial "Las Cámaras", torre de oficinas, piso 8, of. 804 Av. Francisco de Orellana y Miguel Alcivar Guayaquil-Ecuador Telf: (593) 4 268 1159 Fax: (593) 4 268 1043	Comité de Aplicaciones Scholasticus Club Buzzon 1362 N.W. 37th. St. Doral, FL 33166 Telf: 786.350.7486

GUIDELINES AND RECOMMENDATIONS:

- Obtaining a passport can take several months after your application has been submitted. Apply for your passport as soon as possible. An additional fee for expedited processing may be available, and we encourage you to take it.



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- If you think you might miss the stated program deadline, please ask your Study Abroad/Academic Advisor to scan and email or fax these documents to us. The admissions review process may begin without the original application materials. However, ***all*** application documents must be postmarked ***before*** the deadline date. Late applications may be accepted on a case-by-case basis and may incur a late application fee.
- All applications are reviewed regularly. Applicants are notified of the admission decision 2 to 3 weeks after the complete application is received.

APPLICATION CHECKLIST:

All application documents must be mailed by you or your college or university's Study Abroad/Advising Department before the deadline.

Applications can be processed while the documents are in the mail, if all documents are sent via email to your Scholasticus Advisor.

- Program Application (this document)
 - ✓ Please make sure your Study Abroad or Academic Advisor has filled and signed the authorization form. If the application is not going to be mailed directly by your Academic or Study Abroad Advisor, ask them to return it to you in a sealed envelope.
- Foreign Language form
 - ✓ Fill the student portion before handing the form to a Foreign Language Department faculty member.
- A certified transcript of your academic record to date
- One letter of recommendation from a faculty member of your home university
- A copy of your driver's license or passport

Please remember that phone interviews in English ***and*** Spanish will be conducted by Scholasticus' staff. Such interviews will be coordinated beforehand with your Scholasticus Advisor via email.



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PERSONAL INFORMATION		
Last Name	First Name	Middle Name
Gender: M____ F____	Driver's license number	Passport number (if applicable)
Place of birth	Date of birth (DD/MM/YYYY)	Nationality
Contact Information		
Current campus address		
City, State, Country, ZIP code	Land phone number	Campus Email
Home address		
City, State, Country, ZIP code	Cell phone number	Personal Email
Academic Information		
Current college or university		
Current standing: FR____ SO____ JR____ SR____	Major	
Cumulative GPA: _____	Minor	Second major (if applicable)
Name of Study Abroad Advisor	Name of college or university processing your application (if different from your current college or university)	
Emergency Contact Information		
Full Name	Relation to you	
Address		
City, State, Country, ZIP code	Cell phone number	Personal Email



STUDY ABROAD PROGRAM APPLICATION

PROGRAM APPLICATION (I)			
Study Abroad Term Options (check all that apply) Please check available dates and terms characteristics at www.scholasticus.com.ec under "Program Dates" <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Option 1 (Jan-May) <input type="checkbox"/> Option 4 (Feb-Aug) <input type="checkbox"/> Option 7 (Jul-Aug) <input type="checkbox"/> Option 10 (Sep-Feb) </div> <div style="width: 30%;"> <input type="checkbox"/> Option 2 (Jan-Aug) <input type="checkbox"/> Option 5 (May-Aug) <input type="checkbox"/> Option 8 (Jul-Dec) <input type="checkbox"/> Option 11 (Nov-Feb) </div> <div style="width: 30%;"> <input type="checkbox"/> Option 3 (Feb-May) <input type="checkbox"/> Option 6 (May-Dec) <input type="checkbox"/> Option 9 (Sep-Dec) <input type="checkbox"/> Option 12 (Nov-May) </div> </div> Academic Year: _____			
Courses choice			
Please list the General Courses and Spanish Program for Foreigners courses you are interested in taking in preference order (we recommend you to take a minimum of 3 and a maximum of 6 credit-earning courses). Please consider your time-assignment carefully as you weight internship and volunteer opportunities. Use additional sheets if necessary. Please check an updated list of available courses at www.scholasticus.com.ec under "Program Academics". Before listing any courses, you should consult Academic and/or Study Abroad Advisor at your home institution.			
COURSE CODE	COURSE NAME	TERM	INSTITUTION
Conduct Information			
Are you currently on Conditional Enrollment at your home institution? <div style="float: right; text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> If yes, please explain: _____			
Have you been put on Academic Probation? <div style="float: right; text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> If yes, please explain: _____			
Have you ever been on Disciplinary Probation at your college or university? <div style="float: right; text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> If yes, when were you on Disciplinary Probation and when will you be off Disciplinary Probation?			
For what reason were you on Disciplinary Probation? (if space is insufficient, please use extra sheets)			



STUDY ABROAD PROGRAM APPLICATION

PROGRAM APPLICATION (II)		
Internship Application		
<p><i>Please list the internships you are interested in preference order (you may post how many choices you want. We will do our best to accommodate your first selection. However, be aware there's no guaranteed placement). Please check an updated list of available participating institutions and internship descriptions at www.scholasticus.com.ec under "Program Conferences and Internships".</i></p> <p>All applicants must also submit:</p> <ul style="list-style-type: none"> - Resumé (in English) If you don't have a Resumé, please consult your Career Advisory Center on how to write one - Statement of Purpose (in English) (max. one page, double-spaced) State your objectives, skills you currently have and others you seek to develop, special interests and hobbies. Try to be as specific as possible. We advise you to take electronic copies of your Resumé on your travels for possible further consultation and distribution. 		
PARTICIPATING INSTITUTION	INTERNSHIP NAME AND DESCRIPTION	TERM
<p>How many total hours per week do you plan to commit to your internship? <input type="radio"/> 1-5 hours <input type="radio"/> 6-10 hours <input type="radio"/> 11-15 hours</p> <p>(Please note some sessions may take during the weekends) <input type="radio"/> 16-20 hours <input type="radio"/> More than 20 hours</p> <p>Scholasticus doesn't require students to participate in an internship. However, involvement in such opportunities is highly recommended to get the most out of the Study Abroad experience.</p>		
Student's Consent and Signature		
<p>Your signature on this application indicates your understanding and acceptance of the following:</p> <ul style="list-style-type: none"> - I hereby apply to Scholasticus' Study Abroad Program in Guayaquil, Ecuador. I understand that submitting this application constitutes no guarantee of admission to the Program. I am acquainted with the admissions process and I irrevocably abide any decision taken by Scholasticus' Applications Committee or its associated institutions (either universities or institutions participating in Scholasticus' internships programs). - I acknowledge that neither Scholasticus nor its associated institutions issue any guarantee, whether explicit or implicit, of admission or registration into the courses and internships I have expressed my interest in. - I certify that all information given to Scholasticus is correct. I hereby undertake, if admitted to the Study Abroad Program, to observe and comply with all rules and regulations of Scholasticus, Centro de Desarrollo Académico S.A. and associated institutions. - I authorize Scholasticus to conduct any sort of inquiry to determine the veracity of the information provided herein. - I unconditionally and voluntarily authorize Scholasticus and its associated institutions to issue and release an Academic Transcript or any other sort of information or record pertaining to my participation in this Study Abroad Program, to my home college or university and government entity, whether local or foreign. This authorization is extended to the college or university that is processing this application on my behalf, if applicable. - I understand that neither Scholasticus nor any of its employees, nor Scholasticus' associated institutions (either universities or institutions participating in Scholasticus' internships programs) nor any of its employees or affiliates, shall be responsible or liable for injury, loss, damage, deviation, delay, curtailment, however caused, or the consequences thereof, which may occur during my stay in Ecuador. - I understand Scholasticus or any of its associated institutions may apply minimum attendance and academic grade requirements in order to issue credit. - I am aware and informed of the travel recommendations the United States Department of State has issued in regards to Guayaquil and Ecuador. - Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to the recommendations submitted by faculty members as part of the application process, and understand that the information provided will be used only for the purposes for which it was prepared. <p>Full Name (please print): _____</p> <p>Date (dd/mm/yyyy): _____ _____</p> <p style="text-align: right;">Signature</p>		



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STUDY ABROAD or ACADEMIC ADVISOR'S AUTHORIZATION			
To be filled and signed exclusively by your Study Abroad or Academic Advisor			
Student's name: _____			
<input type="checkbox"/> The application of the above-named student is being submitted with my approval.			
Academic Credit Information (check one)			
<input type="checkbox"/> Program Enrollment not taken for credit			
<input type="checkbox"/> My institution will accept credit for the courses listed in the "Courses choice" section, from the higher-learning institutions thereby specified			
<input type="checkbox"/> My institution will accept credit for the courses listed in the "Courses choice" section, from the higher-learning institutions thereby specified; except these: (please list all that apply):			
COURSE CODE	COURSE NAME	TERM	INSTITUTION
Internship Information (check one)			
<input type="checkbox"/> The Student will not receive college credit for participating in the internship program			
<input type="checkbox"/> The Student will receive college credit for participating in the internship program. In order to receive college credit, the student will have to complete a minimum of _____ hours (total number of hours for the indicated term). The student will receive _____ college credits if s/he successfully completes the internship program, which will be transferred as: _____ (name and code of the course that will appear on his transcript).			
Name		Title/position	
College or university			
Telephone	Fax	College or university's Email	
Applicant's cumulative GPA: _____			
Applicant's current standing	Is the student in GOOD STANDING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The information contained in the "Conduct Information" section is accurate:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date (dd/mm/yyyy): _____		Signature and seal	



STUDY ABROAD PROGRAM APPLICATION

FOREIGN LANGUAGE FORM

A portion of this form should be filled and signed exclusively by a faculty member of your university's Foreign Language Department

Student's name: _____

Student section (to be filled by the applicant)

How would you define your Spanish proficiency?:

- O Beginning (you somewhat understand the language -simple instructions and directions-, but have difficulty writing and speaking it)
O Intermediate (you understand most of what you read and can generate simple thoughts on writing)
O Advanced Intermediate (you understand straightforward spoken and written expressions, you can demonstrate academic knowledge with difficulty)
O Advanced (you feel very confident with the language in comparison to your peers, you can sustain a prolonged conversation in Spanish and are near proficient in reading and writing)

Give a short description of your Spanish Knowledge Level: _____

Whats your native language? _____

Besides English and Spanish, list any other languages you have knowledge at, along with your estimated knowledge level: _____

I hereby authorize (faculty member name) _____ to complete this form.

Full Name (please print): _____

Date (dd/mm/yyyy): _____

Signature

Faculty member section (to be filled by a language professor)

Thank you for filling this form. It will help us to determine the best language placement for the student. Before proceeding, please make sure this form is filled and signed by the applicant. After filling the form, please sign it in the space provided below and put it inside a closed envelope, and return it to the student or the student's academic/study abroad advisor.

Name Title/position

Telephone Address College or university's Email

Length of time you have known the student? _____

How many classes has the student taken with you? Please list them _____

Please describe, to the best of your understanding, the student's Spanish proficiency level: _____

- O I recommend this student for a study abroad program
O I do not recommend this student for a study abroad program

Date (dd/mm/yyyy): _____

Signature and seal