



**UNIVERSITY STUDY ABROAD PROGRAMS
BUENOS AIRES, ARGENTINA
APPLICATION 2008**

Please print in blue or black ink.

CONTACT INFORMATION

Last Name First Name Middle Name

Permanent Mailing Address

City State/Province Postal Code Country

Telephone Email Alternate Email

Gender

Female Male

Civil Status

Single Married

Ethnic Category *(please mark more than one if applicable)*

African American Asian
 Hispanic Caucasian
 Other _____

Birth Date *(dd/mm/yyyy)* City and Country of Birth

Nationality Passport Number Consulate Office *(where passport was issued)*

EMERGENCY CONTACT INFORMATION

Last Name First Name Relationship

Contact Address

City State/Province Postal Code Country

Telephone Cell or Other Phone Email

PROGRAM INFORMATION

Program Applying For:

		<u>Semester Programs</u>	
Regular Semester	17 weeks		
Universidad de Belgrano		Start: <input type="checkbox"/> Feb 28	<input type="checkbox"/> July 19
Universidad Torcuato di Tella		Start: <input type="checkbox"/> Feb 28	<input type="checkbox"/> July 19
Semester Preparation Program	21 weeks		
Universidad de Belgrano		Start: <input type="checkbox"/> Jan 31	<input type="checkbox"/> June 19
Universidad Torcuato di Tella		Start: <input type="checkbox"/> Jan 31	<input type="checkbox"/> June 19

		<u>Summer Programs</u>		
Latin American Studies	8 weeks			
Universidad Argentina de la Empresa		Start: <input type="checkbox"/> June 12		
Spanish Language Immersion	4 weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> May 23	<input type="checkbox"/> June 20	<input type="checkbox"/> July 25
Spanish Language Immersion	8 weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> May 23	<input type="checkbox"/> June 20	
Spanish Language Immersion	12 weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> May 23		

		<u>Spanish Language Programs</u>		
Semester Spanish Language Immersion	14 weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> Aug 28		
Quarter Spanish Language Immersion	10 weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> Jan 3	<input type="checkbox"/> March 6	
January Term Spanish Immersion	4 Weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> Jan 3		
February Term Spanish Immersion	4 Weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> Feb 1		
May Session Spanish Immersion	4 Weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> May 23		
June Term Spanish Immersion	4 Weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> June 20		
July Term Spanish Immersion	4 Weeks			
Universidad de Belgrano		Start: <input type="checkbox"/> July 25		

Estimated Spanish Level: Beginner Intermediate Advanced Fluent

Intercambio Partner: Yes No

Internship (*extra cost*): Yes No Volunteer Placement (*extra cost*): Yes No

ACCOMMODATION PREFERENCE

Homestay with two meals Homestay without meals Shared apartment

UNIVERSITY INFORMATION

Home Institution

Student ID Number

Field(s) of Study/Major

Expected Degree

Cumulative GPA

Year in School

Expected Grad Date

Advisor Name

Email

Telephone

Advisor Contact Address

Please list all Spanish courses taken at the college level (attach additional pages if necessary):

Course Name	# of Weeks	# of Hrs/Wk	Grade Received

INSURANCE INFORMATION

Health Insurance Provider

Policy Number

Name on Policy

Check here if you plan to obtain health insurance through Expanish

Provider Contact Address

Telephone

City

State/Province

Postal Code

Country

ADDITIONAL DOCUMENTS TO INCLUDE WITH APPLICATION

Expanish Program	Official Transcript	Statement of Purpose (750-words)	Proof of Health Insurance	Photocopy of Passport	Résumé/CV (in Spanish)	Letters of Recommendation (two letters required)	Documentation of Spanish Proficiency*	Risk Acknowledgement (signed)
<i>Universidad de Belgrano</i> (Spanish Language)	X	X	X	X				
<i>Universidad de Belgrano</i> (Summer LAS)	X	X	X	X	X	X		
<i>Universidad de Belgrano</i> (Semester/Prep)	X	X	X	X	X	X		
<i>Universidad Torcuato di Tella</i> (Semester/Prep)	X	X	X	X			X	X

* Documentation of Spanish Proficiency includes any additional certifications you may have showing Spanish competency (AP test results, certificates, etc.).

Program Supplements:

- *Internship applicants*: Letter of recommendation and Résumé/Curriculum Vitae (in Spanish).
- *Volunteer applicants*: Brief essay stating reasons for wanting to volunteer (*max 400-words, in Spanish*).
- *Scholarship applicants*: Appropriate Expanish Scholarship Application.

PAYMENT OPTIONS

An application fee of **U\$S 60** is required to process this application (**credited to program balance**).

TO PAY BY CREDIT OR DEBIT CARD:

Please check the "credit card" box below, and an email invoice will be sent to you upon application receipt.

TO PAY BY CHECK:

Please check the "check" box below, and all checks should be made payable to **Expanish LLC** and please include the following on the memo line: **Acct #0046 0112 2529**. Please send the check DIRECTLY to our banking branch in the United States (do not include it with this application mailing) to:

Bank of America
P.O. Box 31900
Tampa, FL 33631-3900

Students can pay the remaining program balance in two ways:

Option 1: Turn in a deposit of 20% of the total program fee upon admission approval [no later than sixty (60) days before program start date], and pay program balance in full by thirty (30) days before the program start date.

Option 2: Turn in a written consent for a financial aid transfer from your home institution financial aid office upon admission approval [no later than sixty (60) days before program start date], and ensure balance is paid in full by thirty (30) days before program start date. If the student would like the help of Expanish in negotiating this process, the student must advise the University Staff (university@expanish.com) by or before the application deadline. Your home institution does make all final decisions regarding their financial aid packages.

Program Deposit will be paid by (please select one option only):

Option 1: Check Visa, MasterCard, AMEX, Discover PayPal Bank Transfer

Option 2: I would like to pursue a Financial Aid transfer from my home institution. I understand that my home institution makes all final decisions regarding financial aid availability.

Program Balance will be paid by (please select one option only):

Option 1: Check Visa, MasterCard, AMEX, Discover PayPal Bank Transfer

Option 2: I would like to pursue a Financial Aid transfer from my home institution. I understand that my home institution makes all final decisions regarding financial aid availability.

Some scholarship options are available and special financial aid decisions are made on a case-by-case basis; if you cannot make the payment by the above deadlines, please do not hesitate to contact the Expanish University Staff (university@expanish.com) in order to evaluate your situation.

While spots are oftentimes available up to one week before program start date, they are not guaranteed if application is submitted after the application deadline; submissions will be evaluated on a case-by-case basis. If the application is submitted after the program deadline and the student is approved for admission, the full program fee will be due upon admission approval. Applications will not be accepted less than one week before program start date.

APPLICATION SUBMISSION

By signing this application form I agree to the Terms and Conditions of Expanish (outlined online at <http://www.expanish.com/terms.html>) and declare the above information to be true. I understand my admission into the program will not be final until all application materials have been received and I meet all eligibility criteria. I understand an invoice for all program fees will be sent to me shortly after my application has been approved and that my registration will not be completed until the proper payment has been received.

Student Printed Name

Student Signature

Date (dd/mm/yyyy)

Please mail in the application fee according to the instructions above, and send in this form with the appropriate additional documents to:

Expanish
Re: University Programs
14525 SW Millikan Way #21429
Beaverton, OR 97005-2343 USA

Or you can fax the application form to **+1 415 236 6044** and a member of the Expanish University Staff will follow up with you upon receipt.

Please contact the Expanish University Staff (university@expanish.com) with any questions or comments about this application form or Expanish university programs.

Expanish | Av. Pueyrredon 1316, 10 B | Buenos Aires / Argentina | Zip Code: C1118AAQ
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