



APPLICATION FOR ADMISSION

APPLICANT CHECKLIST

- Complete application and agreement form (with photo)
- Housing application (with photo)
- Study Abroad Advisor Approval Form (*if applicable*)
- Payment form for \$50 non-refundable application fee
- 300-500 word essay (see essay section for question)
- Conditions of Participation
- Two references (at least one academic) using the attached reference forms
- Official transcripts from each university attended

Use tape or glue to attach a recent passport-sized photograph here

(2" X 2")

PROGRAM DETAILS

- Fall semester Spring Semester Summer Academic year
- Fall quarter Winter quarter Spring quarter
- Customized dates (from mm/DD/YYYY to mm/DD/YYYY)

PARTICIPANT PROFILE

1. Official name: _____
(as it appears on your *Last* *First* *Middle* passport or birth certificate)
2. Preferred name: _____
3. Gender: Female Male
4. Home institution: _____
5. Major(s): _____
6. Minor(s): _____
7. Cumulative GPA: _____
8. Graduation date (*Month/Year*): _____
9. Current academic level:
 Freshman Sophomore Junior Senior Graduate
 Graduated (Bachelor's), no profession Graduated (Master's), no profession
 Working Professional
10. Country of birth: _____
11. Date of birth (*Month/Day/Year*): ____/____/____
13. Country or countries in which you have citizenship: _____

14. Do you have any special needs or require special services during your program? (*i.e., dietary considerations, learning aids, or facilities with handicapped access*)

Yes No If yes, please describe on a separate sheet of paper.

15. Contact information at your current residence: (Valid until: ____ / ____ / ____)
MM DD YYYY

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone (*with area code*): _____ School e-mail: _____

17. Contact information at your permanent residence: (*Mail will be sent here after date provided above.*)

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone (*with area code*): _____ Personal e-mail: _____

APPLICANT PROFILE

Essay: On a separate page, take time to reflect on why you are applying for this study abroad experience. List not only your academic goals, but also your personal ones. At the end of your program what do you hope to take away with you and how do you see this experience playing a role in your future.

Please list some of your activities, interests, and passions.

Have you ever had an internship or volunteered before? Please describe.

Do you have any areas of specialization or interest you would like us to be aware of?



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Please list your experience with Spanish language (e.g. Spanish courses, travel to Spanish speaking countries, etc.)

EMERGENCY CONTACT INFORMATION

25. Provide the contact information for two family members that you authorize CWU may contact and release information to during cases of emergencies.

Emergency Contact #1

Name(s): _____ Relationship to you: _____

Address: _____

Telephone (with area code): _____ E-mail: _____

Emergency Contact #2

Name(s): _____ Relationship to you: _____

Address: _____

Telephone (with area code): _____ E-mail: _____

VOLUNTARY INFORMATION

Please check the box(es) that best describe your ethnic origin (*completion of this question is voluntary and will not affect the outcome of your application*):

- African-American Asian American Caucasian Hispanic/Latino
 Multi-racial Native American Other: _____

15. Do you have any special needs or require special services during your program? (*i.e., dietary considerations, learning aids, or facilities with access for persons with disabilities*)

- Yes No If yes, please describe on a separate sheet of paper or speak directly with someone at El Nomad.

MARKETING

What resources did you find useful while searching for study abroad opportunities?

- | | | |
|--|---|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Studyabroad.com | <input type="checkbox"/> Website |
| <input type="checkbox"/> Program brochures | <input type="checkbox"/> Poster at university | <input type="checkbox"/> Word of mouth/Past participants |

What previous international experiences have you had? *(please tick all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Studying abroad in college | <input type="checkbox"/> Independent traveling abroad |
| <input type="checkbox"/> International experience while in high school | <input type="checkbox"/> Family vacation abroad |
| <input type="checkbox"/> International volunteer work | <input type="checkbox"/> International roommate in college |
| <input type="checkbox"/> Family hosted exchange student | <input type="checkbox"/> Studied a foreign language |

Primary reasons for participating in a faculty-led program

- | | |
|---|--|
| <input type="checkbox"/> Personal growth | <input type="checkbox"/> Participate in an undergraduate research experience |
| <input type="checkbox"/> International travel | <input type="checkbox"/> Study internationally with specific faculty leaders |
| <input type="checkbox"/> Meet degree requirements | <input type="checkbox"/> Initial exploration in to study abroad |
| <input type="checkbox"/> Language study | <input type="checkbox"/> Other: _____ |

23. Have you ever studied abroad? Yes No

If so, name and dates of program(s): _____



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Study Abroad Advisor Approval Form

To El Nomad Applicants:

Are you currently an enrolled student? Please check the appropriate box.

Yes (if yes, please complete this form)

No (if no, please sign here only, and return to El Nomad) _____

Name

Signature

If you are currently enrolled, your application cannot be considered until El Nomad receives this form. Please fill out the Student Information and Programs sections and then submit it to your study abroad advisor, dean, or other home campus official responsible for approving study abroad.

Student Information

Name (please print): _____

Institution: _____ Birth Date: _____

Current Address: _____
Street City/town State Zip

Telephone: _____ (____) _____ E-mail Address: _____

I hereby authorize information needed to complete this form to be released to the official responsible for approving my program of study abroad.

Student's Signature

Date

PROGRAM(S) Applying for: _____ *study periods: fall/winter/spring/summer/custom dates

1. _____ (study period*and year)_____

2. _____ (study period*and year)_____

3. _____ (study period*and year)_____

El Nomad offers transcripts and credits from the Universidad de Cuenca, an accredited Ecuadorian institution for all of our Spanish Language and Culture programs. For more information, please visit www.elnomad.com

To the Home College Official

The study abroad application for the student named will not be complete until we receive this form indicating approval of this applicant's foreign study plans and our confidential comments, if any, about the applicant. Because all applications are handled on a rolling admission basis, your prompt response is appreciated. Feel free to attach a separate sheet on your letterhead if necessary. Please mail or scan and email this form to use at the address below.

ACADEMIC SECTION

Is this student in good academic standing? Yes No If no, please explain.

What is your general evaluation of this student as a candidate for study abroad?

Has this student secured the necessary approval from your institution to study abroad?

Yes Approval not necessary No If no, please explain.

Will the credits earned by this student on their selected El Nomad program be accepted towards this student's degree program at your institution?

Yes, transfer credit is approved

Yes, but final approval cannot be granted until program completion

Yes, but subject to the following conditions: _____

No, for the following reasons: _____

DISCIPLINARY SECTION

Does this student have a disciplinary record with the institution? Please check the appropriate box:

No Yes and an official document or copy stating the details is enclosed

I do not have access to that information

Comments:

Do you recommend this student?

Yes

Yes, with reservations (attached explanation of reservations)

No



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DR/Mr./Mrs./Ms _____ Position: _____

Department: _____ Institution: _____

Address: _____

Phone: ____ (____) _____ Fax: ____ (____) _____ Email: _____

Signature: _____ Date: _____

CONDITIONS OF PARTICIPATION

El Nomad strives to create a learning environment that empowers participants to immerse themselves in Ecuadorian culture, become active participants in their learning, and to gain skills that will help them reach their personal and academic goals. Our programs are rooted in personal integrity, close community interaction, professionalism in the workplace, and pushing oneself to newly found limits of knowledge and ability. We therefore seek fully engaged, focused participants who are committed to learning about Ecuador's culture, language, people, natural world, strengths and weaknesses, and workplace environment.

The following are Conditions of Participation on all El Nomad programs.

- Please read each policy carefully and initial on the line provided.
- Please sign and date the bottom of the document if you agree to the conditions of participation

Program Participation: I agree to fully participate in all portions of the program as set out in the course information and by program staff and, if applicable, my volunteer/intern supervisors. I understand that I must fully participate in and complete every aspect of my program to receive credit. _____

Health and Safety Policy: I understand that all El Nomad program participants agree to abide by a set of non-negotiable agreements that are in place to ensure student health and well being, including:

- _____ Not using illegal drugs or consuming excessive amounts of alcohol.
- _____ Not compromising one's own or another participant's physical and/or emotional safety
- _____ Doing my best to behave in a manner that is not offensive to local cultural norms

I agree to abide by all host country laws as well as the rules and regulations set forth by the program, staff, and host families. _____

Refund Policy: All deposits are non-refundable. I understand that if I withdrawn from the program, I will, at most, be refunded only the recoverable, non-committed expenses (e.g. room/board not already paid for), at the discretion of El Nomad's Managing Director. _____

Insurance: I certify that I have health insurance that covers me while in Ecuador and continues past the dates of my program with El Nomad. I understand that I will be responsible for the payment of any health care treatment that I receive while I am not this program, and that I will seek reimbursement from my insurance company. I will also be responsible for any expenses not covered by insurance. _____

Insurance Company: _____

Policy Number: _____ Policy Holder: _____



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Personal Health and Wellness: I understand that I take 100% responsibility for my physical and emotional health and wellbeing during the program. I state that I am free of medical conditions that would endanger the life, health, or wellbeing of others of myself while traveling or living abroad on this program. I agree to fully disclose to program staff and faculty (before departure and while on the program) all physical, emotional, cognitive issues, and sensory, conditions, or disorders that would potentially impact my, or another student’s participation on the program. I hereby grant El Nomad, and its agents full authority to take whatever action they may consider to be warranted under the circumstances regarding my health and safety. _____

Expulsion Policy: I understand that upon the decision of the program faculty and the Managing Director of El nomad, my participation in the program will be terminated if I engage in actions that endanger others, or me or jeopardize the success of the program. I further agree that if asked to leave the program I will be responsible for all expenses incurred in returning to my point of origin. In the event of such expulsion, I further agree that no refund of program fees will be given, and I will receive no academic credit. _____

Release and Indemnification: I recognize that off-campus studies involve risks and conditions different from those encountered on campus. I acknowledge that this program requires travel to places outside of the United States, and that I am aware of the risks of international travel including, but not limited to crime, terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I further understand that the risks of travel include transportation delays, fare changes, dishonors of hotel and/or airline reservations, missed carried connections, sickness, disease, injuries, damages, weather, strikes, acts of nature, and other circumstances beyond the control of El Nomad. I hereby release and hold harmless El Nomad, its employees, agents, host institutions, and host families from any and all claims and causes of action resulting from my participation in the program. This waiver and release shall bind me, my estate, heirs, personal representatives, and legal guardians. _____

FERPA Release: I understand that the Family Education Rights and Privacy Act of 1974 (FERPA), a amended, affords me the right to authorize the release of educational information to third parties. I also understand that studying off campus may involve circumstances that require El Nomad to release certain information to third parties, but for which it may be difficult to obtain my prior written permission. For these reasons, I herewith authorize El Nomad and the Universidad de Cuenca staff to release my education information to parties who, in their judgment, have an interest in the study abroad contemplated by this document, provided that the staffs, in their judgment, are acting in my interests as well. This authorization is valid from the time I submit this signed document through a period of one year after my program ends. _____

I have read and accepted these Conditions of Participation as stated above. I certify that the statements in this application are true and complete to the best of my knowledge, and that falsification of information is grounds for dismissal from this program.

_____	_____
Signature of student	Date
_____	_____
Signature of parent of legal guardian (If student is under 18 years of age)	Date

TO BE COMPLETED BY THE APPLICANT

Name: _____ E-mail: _____

Reference requested from: _____

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended) students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below.

*Applicant's signature*_____
Date

TO BE COMPLETED BY THE INDIVIDUAL PROVIDING THE REFERENCE

The applicant named above is applying to study abroad through the El Nomad Immersion Programs. Since participants serve as representatives of their nation, their home institution, El Nomad is concerned about the applicant's academic and personal suitability for study abroad. Feel free to use the back of this form or write a separate reference letter to add any additional comments relating to the applicant's academic and personal suitability for study abroad.

1. Indicate the length of time and in what capacity you know the applicant.
2. Indicate the applicant's ability and academic competence in comparison with other individuals whom you have known at similar stages in their academic careers.

	Below Average	Average	Above Average	Outstanding	Unable to Determine
A. Knowledge in area of specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Motivation and seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ability to plan and carry out research or independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Ability to express thoughts in speech and writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you were a study abroad program director, rate your degree of enthusiasm for accepting this applicant on your program.

 Very High Moderate Very Low Unable to Determine

4. Please feel free to add additional comments relating to the applicant's academic and personal suitability for study abroad on the back of this form or in a separate reference letter.

*Referee's signature*_____
*Date*_____
*Name (type or print)*_____
*Title*_____
*Telephone*_____
E-mail

- Please return this form to the student in a sealed envelope -



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Reference requested from: _____

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 Very High Moderate Very Low Unable to Determine
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Referee's signature

Date

Name (type or print)

Title

Telephone

E-mail

- Please return this form to the student in a sealed envelope -

El Nomad does not discriminate on the basis of sex, religion, race, color, sexual orientation, national or ethnic origin, physical or mental disability in the administration of its policies and programs. The information you provide on this application form will be kept confidential and shared only with authorized staff and faculty.