

Colorado  
Mountain  
College



## Study Abroad Application

Program Name \_\_\_\_\_ Location \_\_\_\_\_

Program Dates \_\_\_\_\_

**Colorado Mountain College**

**Attn: Lauren DeAre**

**690 Colorado Ave.**

**Carbondale, CO 81623**

**ldeare@coloradomtn.edu; ph 970-319-5817**

**CMC Carbondale 970-963-2172**

Name (same as on passport): \_\_\_\_\_

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

City, ST, ZIP \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

SS # \_\_\_\_\_ DOB: \_\_\_\_\_ Passport # \_\_\_\_\_

Current CMC Student? Yes / No      Previous CMC Coursework? Yes / No

CMC Program: \_\_\_\_\_ Dates: \_\_\_\_\_

### **Housing**

Spanish Immersion programs will generally include family home stays. Prices are normally for Double Occupancy. Single accommodations may require a surplus payment.

Single \_\_\_\_\_ Double \_\_\_\_\_ Roommate's Name: \_\_\_\_\_

Would you prefer a family with children? Yes \_\_\_\_\_ No \_\_\_\_\_ No Preference \_\_\_\_\_

### **The following questions must be answered by all applicants:**

Emergency Contact (list name & relationship) \_\_\_\_\_

EC Phone & Address \_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr Ph \_\_\_\_\_

Dr. City/ST \_\_\_\_\_

Do you have or have you had any medical condition(s) of which we should be aware (please consider family medical history)? yes / no If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you require special services or accommodations for any disability (including physical, medical or psychological)? yes / no If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking any medications? Yes / no If yes, please list name(s) of medications & dosage:

\_\_\_\_\_

\_\_\_\_\_

Are you allergic to: cats \_\_\_\_\_ dogs \_\_\_\_\_ birds \_\_\_\_\_ Other \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you object to cigarette smoke? \_\_\_\_\_

List any medical or religious restrictions regarding food, diet or activities: \_\_\_\_\_

\_\_\_\_\_

Special Interests/Hobbies: \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_

### **For Spanish Immersion Programs**

Please list Spanish classes taken: \_\_\_\_\_

\_\_\_\_\_

Other language study & proficiency: \_\_\_\_\_

***For questions regarding Spanish language level and/or language credit possibilities please contact:***

***Lauren DeAre: 970-319-5817 or [ldear@coloradomtn.edu](mailto:ldear@coloradomtn.edu)***

Spanish Classes you may take: (Number depends on program or weeks of study)

- SPA 111 Spanish I (5CR) \_\_\_\_\_
- SPA 112 Spanish II (5 CR) \_\_\_\_\_
- SPA 211 Spanish III (3 CR) \_\_\_\_\_
- SPA 212 Spanish IV (3 CR) \_\_\_\_\_
- SPA 101, SPA 102, SPA 201, SPA 202 -Spanish Conversation I, II, III or IV (3 CR) \_\_\_\_\_
- SPA 231 – Advanced Spanish Conversation (3CR) \_\_\_\_\_
- SPA 235 – Spanish Reading-Writing (3 CR) \_\_\_\_\_
- Spanish 237 – Spanish Cinema (2 CR) \_\_\_\_\_

**Please read – VERY IMPORTANT:** I have supplied accurate information requested above. I understand that **proof of health insurance (with international coverage)** will be required by due date of final payment. I understand that I need to be self-reliant, independent and able to take care of myself during travel and study. Further, I understand that if my behavior is disruptive or inappropriate at any time during the study abroad trip, I will be sent home at my own expense.

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

If student is **under 18 years of age** at the time of application, the student's parent or court-appointed guardian must sign this application.

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

Print Guardian Name \_\_\_\_\_

**A \$250 deposit\* is required with the completed application. Payment in full for the program is due a minimum of 45 days prior to departure. You will be informed of deadlines and special requirements by program. We recommend that you apply early and consider a payment plan.**

Send all written correspondence, checks and applications directly to:

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**Written Paragraph required for all applicants:**

**Write a short paragraph stating the reasons why you would like to be accepted into the study abroad program and submit it with this application. If under the age of 18, please have a teacher or counselor write a letter of support.**

**\*100 of this deposit is non-refundable. CMC's refund policy for the remaining funds will depend on the refund policies of the associated agencies. CMC reserves the right to alter or cancel any program arrangements as conditions warrant.**