

**STUDY GERMAN IN AUSTRIA
at the
UNIVERSITY OF SALZBURG**

Attach passport photograph
with signature
on the reverse side

Photo must be
full face
with a light background



in cooperation with

*University of Connecticut, University of Maine, Longwood University, University of Rhode Island,
University of Vermont, Keene State College, University of New Hampshire and University of Southern Maine.*

INSTRUCTIONS:

1. Please type or print in ink and attach type-written documents.
2. Answer all questions and sign application and agreement/release on the back. Have your parent/guardian sign the release agreement if you are under 21.
3. Enclose a check or money order for \$50.00 for the application fee made payable to THE UNIVERSITY OF MAINE (SALZBURG PROGRAM). The application fee is non-refundable.
4. Forward transcripts of all college or university work at least through the third semester (or fourth quarter).
5. Request two letters of recommendation be sent. One must be from your advisor, one from a faculty member qualified to judge your fluency in German.
6. Do not seek any help when writing your German essay.
7. Mail completed application materials to:
Director, Salzburg Program
Dept. Modern Languages & Classics
201 Little Hall
University of Maine
Orono, ME 04469-5742
8. Applications can be considered only when ALL materials are received.

Mark the appropriate box:

I am applying for the full academic year.
 the Fall semester.
 the Spring semester.

PART I: PERSONAL DATA

Mr./Ms./Mrs. _____
(Last) (First) (Middle)

Date of Birth: _____ Place of Birth: _____
(City/State/Country)

Current Address: _____
(Number, Street, Apartment number)

(City, State, Zip Code)_

(Telephone) (Email)

Home Address (if different): _____

Please state name, address, and relationship of the parent, guardian or person to whom all official correspondence should be sent and who should be notified in case of emergency.

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email: _____

PART II: ACADEMIC INFORMATION

Are you a student in good academic standing? [] Yes [] No.

Comments: _____

Major(s): _____ Average: _____

Years of College-level German (if not German Major): _____ Average in German: _____

Have you ever been absent from school for a month or more? [] Yes [] No

If so, state reason: _____

Give the names and addresses of all colleges or universities you have attended (Name of school, city/state, year attended):

Have you received approval of your School or College to take the next year abroad? [] Yes [] No

Background and Preparation in German: (College level courses or equivalents – give titles and grades):

_____ Average in German: _____

Special Preparation (Residence or travel abroad, foreign language spoken in family, etc.) _____

Scholarships and other academic honors _____

Extra-Curricular Activities _____

PART III. HEALTH RECORD (If more space is needed, use separate sheet and attach to Application Form)

Is your health good? _____ Height: _____ Weight: _____

List any physical disabilities, allergies, sensitivities (e.g. penicillin, sulfa): _____

History of serious illnesses, injuries, operations, bleeding disorders: _____

Have you been under psychiatric treatment within the past 4 years? _____

Any special medical treatment, medication or diet you require? _____

Comments which would be of help to our Director during your time abroad: _____

PART IV. PERSONAL STATEMENTS IN ENGLISH AND GERMAN. Please type the statements on separate sheets and attach to Application Form.

A. PERSONAL STATEMENT IN ENGLISH. Please state reason for studying abroad (such as career plans – teaching or diplomatic work, etc., specialization in subject to be studied, general cultural interest, etc. Share with us all of the information which you consider to be important in our review of your application.

B. LEBENSLAUF. Bitte schreiben Sie einen kurzen Lebenslauf oder ein Selbstportrait! ca. 200 Worte, auf Deutsch. DO NOT seek any help writing this section of your application.

PART V. AGREEMENT/RELEASE (To be signed by student and parent if you are under 21 years of age). We certify the above and attached information is complete and correct. we understand that any misrepresentation may result in the expulsion of the applicant from the program.

Signature of applicant _____ Date _____

Signature of parent or guardian _____ Date _____

I, the undersigned, am an applicant for the Study Abroad Program at Salzburg, Austria, of the New England Grant Universities (the Program). The Program is currently being administered by the University of Maine. The purpose of this release is to confirm that I will not have, and that I will not assert, any claims, of any nature or description, arising in any way out of my participation in the Program, against the University of Maine (UM), the American college or university I attend, and/or the New England Land Grant Universities, or any of them; each and all of them being hereinafter referred to as, and being included in any reference to, "the Universities."

All references herein to the Universities include the Universities and all of their officers, directors, program advisors, group leaders, employees, agents and affiliated institutions and entities.

I do waive and release any claims against the Universities, any tour organizer or arranger employed or utilized by the Universities, and host schools abroad for any injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, government restrictions or regulations or arising from any act or omission of any steamship, airlines, railroad, bus company, taxi service, hotel, dormitory, restaurants, school, university, or other firm, agency, company, or individual. I also release the Universities and agree to indemnify them with regard to any financial obligations or liabilities that I may personally incur or any damage or injury to person or property of others that I may cause while participating in the Program.

I understand that the Universities are not responsible for, and I release the Universities from any claims for, any injury or loss whatever suffered by me during my participation in any aspect of the Program.

I hereby grant to the University of Maine (UM) and its agents as the administrators of the Program, full authority to take whatever action they may consider to be warranted under the circumstances regarding my health and safety, and I release each of them, and the Universities, from any liability for such decisions or actions as may be taken in connection therewith. I authorize UM and its agents, at their discretion to place me for my welfare at my own (or my parent's) expense and without my further consent and without my parent's further consent in a hospital within or outside of the United States for medical services and treatment, or if no hospital is readily available, to transport me back to the United States by commercial airline or otherwise, at my own expense or at my parent's expense, for medical treatment. In the event UM or its agents advance or loan any monies to me or incur special expense on my behalf while I am abroad, I and my parents agree to make immediate repayment.

I will comply with the Universities' rules, standards and instructions for student behavior for the Program. I agree to indemnify the Universities against any consequences of my failure to comply with such rules, standards and instructions. I agree that the Universities shall have the right to enforce appropriate standards of conduct and that the Universities may at any time terminate my participation in the program for failure to maintain these standards or for any action or conduct which the Universities consider to be detrimental to, or incompatible with, the interest, harmony, and welfare of other students. If my participation is terminated I consent to be sent home at my own or my parent's expense, with no refund of fees.

On group tours or other activities arranged by the Universities I will accept the will of the majority whatever matter of choice is presented to the group. I will also accept in good faith the instruction and suggestions of the Universities in all matters relating to the Program or the personal conduct of Program participants. I understand that from time to time the Universities' publicity material may include statements by its students and/or their photographs and I consent to such use of my comments and photographic likeness.

I understand that the Universities reserve the right to cancel, change or substitute programs in cases of emergency, changed conditions, the interest of each group, insufficient number of participants, or otherwise to change initial campus and advisor assignments, and to make alterations in the Program and its activities and itineraries, as may be required in the judgment of the Universities. In currency exchange rates, tariffs, curriculum, inflation of other basic costs or strikes, revolutions, wars, and are subject to change.

I understand that the Universities are relieved of all liability for items lost in delivery by U.S. Mail or otherwise.

All references to my parents shall include each of my parents, my legal guardians, and other adults responsible for me.

I have read the terms and conditions set forth in this agreement/release and in the brochure and understand they constitute a part of my agreement with the Universities. I understand and agree to the terms relating to refunds for program applicants set forth in the brochure. I further understand that this Agreement shall be effective only upon acceptance of my application by the Program and shall be governed by the laws of the State of Maine.

Applicant _____ Date _____

I certify that I am (we are) the parent(s) and/or legal guardian(s) of the above-named applicant and I/we have read the foregoing and in particular the agreement/release, including such parts as may subject me/us to personal responsibility and hereby relinquish any claims which I/we might have against the Universities as set forth above both on my/our own behalf and in my/our capacity as parents and/or legal representatives of the applicant, including, without limitation, any claim arising in any way as a result of the applicants participation in the Program.

Parent or Guardian _____ Date _____

Parent or Guardian _____ Date _____