



MODERN LANGUAGE STUDIES ABROAD

REGISTRATION FORM

Department of Spanish and Latino Studies at Montclair State University
4-Week Summer Program in Madrid, Spain

IMPORTANT INSTRUCTIONS: (1) Print and fill out this form providing all the information in the application below. (2) Sign the "Release and Agreement" form on the last page of the form; (3) Enclose a \$100 registration fee payable to MLSA; (4) Attach a passport-size recent head shot photo in color (high resolution on photo paper) to your application; (5) Mail application materials to:

MODERN LANGUAGE STUDIES ABROAD

P.O. Box 548, Frankfort, IL 60423.

(7) Please e-mail the program directors and let them know that you have submitted your application to MLSA.

Dr. Antonella Calarota-Ninman - calarotaa@mail.montclair.edu, tel 973-655-4285

Dr. Raul Galoppe: galopper@mail.montclair.edu

For program or payment information, contact, MLSA. Dr. Celestino Ruiz at (815) 464-1800. Email: info@mlsa.com

Date \_\_\_\_\_

Please provide your full name as it would appear on your passport.

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name(s): \_\_\_\_\_

Mailing Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email (Important!) \_\_\_\_\_ Alternate Email \_\_\_\_\_

Please note e-mail will be our primary manner of sending out information and updates for the program before and during the program. Please add info@mlsa.com to your contacts or your address book to ensure that these notifications end up in your inbox.

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_ Citizenship: USA \_\_\_\_ Other \_\_\_\_\_

Passport # (if available) \_\_\_\_\_ Driver's License # or student I.D. \_\_\_\_\_

Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Academic Advisor's name, address, phone number: \_\_\_\_\_

How did you hear of the program? Student \_\_\_\_ Faculty member \_\_\_\_ Study Abroad Office \_\_\_\_ Other (please specify) \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

COURSE SELECTION

Please select the course you plan to take during the program.

Table with 4 columns and 4 rows listing course options: SPAN 102 Spanish II, SPAN 103 Spanish III, SPAN 236 Intermediate Spanish Conversation, SPAN 374 Cultural Studies: Spain, SPAN 375 Study Abroad, SPAN 470 Senior Seminar, SPAN 530 Spanish Cultural History, SPAN 560 Topics in Spanish Literature.

## MEDICAL DISCLOSURE

While not required, it is advisable that health concerns, both mental and physical, be disclosed to MLSA at the time of application. The disclosure of this information will not result in our denying admission to any student, but will allow MLSA to prepare and/or provide information relevant to his/her selected program in a timely manner. Disability services vary by program, university, and country, thus MLSA cannot guarantee that all services offered at a participant's home university can be matched abroad. Efforts are made to provide special accommodations, within reason. However, differences in disability services can be significant from one country or city to another, and it is beneficial to all involved if students are fully advised of services in advance. The differences in disabilities services within a particular city or host university will not be grounds for grade contestation or exceptions to our cancellation policies.

1. Is the applicant in good physical and mental health? Yes \_\_\_ No \_\_\_
2. Has the applicant ever required psychiatric care? Yes \_\_\_ No \_\_\_
3. Is the applicant under medical treatment? Yes \_\_\_ No \_\_\_
4. Do you have any allergies or require special medical attention that may affect your travels? Yes \_\_\_ No \_\_\_
5. Do you require special assistance? Yes \_\_\_ No \_\_\_
6. Do you smoke? Yes \_\_\_ No \_\_\_

If you wish to disclose any information relevant to your mental or physical health, diet, allergies, current medications, or any other information you feel may affect your travels please attach a separate document or e-mail MLSA.

I have read and agree to the terms and conditions outlined in the Release and Agreement enclosed in this document.

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Signature of the Applicant

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Date

## RELEASE AND AGREEMENT

For Students of the Department of Spanish and Latino Studies at Montclair State University Program

This form must be signed to complete the application and registration.

I, \_\_\_\_\_, an applicant for the study program sponsored by Modern Language Studies Abroad (hereby referred as MLSA) agree to the following understanding, binding upon myself and my parents or guardians, if I am under 21 years of age, and upon MLSA.

I, the undersigned (or my guardian if I am a minor) acknowledge that MLSA, its employees and agents, my school board, the teachers, counselors, my local school, the host universities in this country and overseas are not responsible for damages or other liability in connection with the program, or for events beyond their control such as (without limitations) strikes, war, terrorism, loss or theft of personal belongings, delays, weather, acts of God, or government regulations and restrictions; or hotels, restaurants, and other suppliers of program services. I agree to release MLSA, its agents and employees, my local school, the teachers, counselors, directors, and host universities overseas from all claims arising out of such events, acts or omissions.

I understand that MLSA cannot be held responsible for my health, safety and well-being during stay-ahead/behind periods, when I am absent from supervised activities or if I fail to follow the directions of the directors of the program. If I become ill or incapacitated MLSA will assist a student in case of an emergency. I grant MLSA, its personnel or university teachers at their discretion to place me, at my own expense, in a hospital at any point for any services and treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment. MLSA and its personnel are further authorized to fly me back to the United States at my expense (or my parents) for medical treatment, if this is deemed necessary by MLSA in consultation with local medical authorities.

I agree to abide by the Participant's Behavior regulations and I understand that MLSA has full authority to terminate participants in its programs and reserves the right to enforce group rules and standards of conduct explained in the brochures and literature. I understand that my failure or refusal to comply with such rules may entail my termination as a participant and my return home at my own or my parents' expense and that I will have no right to refund of any part of my program fees. I will indemnify MLSA, its employees and agents for any financial liability or obligation which I personally incur, or injury, or damage to the person or property of others which I cause, while participating in the MLSA program.

MLSA is the principal agent and is responsible to participants in making arrangements for all services and accommodations included in the program. MLSA shall not be responsible if airlines, restaurants, ground transportation companies and other suppliers of arrangements fail to provide their service or accommodations exactly as set forth in the program literature.

MLSA may cancel any program or any course at the university for insufficient enrollment or otherwise, and may alter transportation arrangements, programs, itineraries, and departure dates and/ or substitute airlines and equipment as required. I agree to accept any such changes without liability for refund.

In addition, I understand that MLSA's program prices are based on currently applicable airline tariffs, ground transportation rates, hotel, residences and home stay rates, tuition rates, applicable government taxes, government regulations and currency exchange rates in effect at the time of printing the brochure and are subject to change depending on the tariffs, regulations and rates. I agree that MLSA reserves the right to increase the price of any program by the amount of an increase in its costs. I agree to pay such increased fees and shall not be entitled to cancel my reservations from the program without penalties as set forth in the cancellation and refund section of this agreement and receive a refund solely on this ground.

I agree that any film likeness taken of me while participating in the MLSA program and any of my comments or statements may be used in future materials published by MLSA.

I understand that I am responsible to obtain the required documentation, including passports, visas and health certificates. My failure to do so will not entitle me to any refund.

I understand that if I wish to cancel my reservation in the program, I must to do so in writing to MLSA - P.O. Box 548, Frankfort, IL 60423. Verbal cancellations will not be honored. The postmark of the USA Postal Service will be the effective determining date for all cancellations. I accept the terms of the Refund Policy as outlined in the brochures and specified here. If a participant withdraws more than 60 days before leaving he/she receives full refund, less \$400; if he/she withdraws 59 to 30 days before departure he/she receives partial refund, but the amount withheld will be a minimum of \$900; 29 days or less prior to departure, participants will be refunded 20% of total cost less \$100 non-refundable Registration Fee. Once the trip has begun, NO REFUNDS WILL BE MADE UNDER ANY CIRCUMSTANCES FOR ANY REASON for tuition, unused accommodations, meals, land/airline transportation, excursions, hotels or other activities. No reduction or refunds will be made from services omitted by me and no substitutions will be allowed for services not used. Services cannot be transferred to another person. We recommend the purchase of Trip Cancellation Insurance. We can supply you with forms and suggested companies.

I agree to forward payments by dates due. A service charge of \$200 per person will be assessed to students joining the program after April 10 or participants who fall behind in their payment schedule. Students enrolling less than 75 days before departure must send full payment with the application.

I certify that I have read in full the RELEASE AND AGREEMENT and agree that all terms and conditions stated therein are fully incorporated in this agreement and the brochure. I agree to be bound hereby, and to comply therewith. I further understand that this

agreement will be effective only upon my acceptance by MLSA as participant in the program and shall be governed by the laws of the state of Illinois.

I (we) have read and agree to the terms and conditions outlined in the Release and Agreement.

Signature of the Applicant

\_\_\_\_\_

Date \_\_\_\_\_

**If applicant is under 18 years of age, the following statement must also be completed and signed in front of a public notary.**  
I certify that I'm the parent or legal guardian of the applicant named above, that I have read and that I understand the brochure and the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the applicant.

Signature of Parent or Guardian

\_\_\_\_\_

Date \_\_\_\_\_

Signature and Seal of Public Notary

\_\_\_\_\_

Date \_\_\_\_\_