

Application for *Tufts in Chile* Fall 2017 or Year 2017-18

In order for an application to be complete, each applicant must submit to the Office of Programs Abroad by February 1, 2017 the following:

1. The completed 'Application for Admission' form (indicating on the front page the specific program to which you are applying); if completed electronically, the application must be printed and submitted in hard copy, with applicant signature on the last page and adviser signature on the second-to-last page;
2. Students from other universities applying to Tufts Programs Abroad must include one official transcript of all college work showing fall-semester grades (*our office will obtain transcripts for applicants from Tufts*);
3. Two recommendations from faculty (using forms supplied in application packet): one must be a language recommendation, while the other can be from a faculty member of your choosing;
4. The 'Agreement and Release' form (signed by both applicant and parent/guardian if applicant is under the age of 21);
5. A non-refundable \$40 application fee in check or money order **only** (made payable to "The Trustees of Tufts College" and with your name and the program name written in the 'Memo' field; e.g., "Jane Smith - Tufts in Chile"); cash or credit card are not accepted;
6. A copy of the photo page of a current valid *signed* passport (which must be valid through six months beyond the END of the intended program).

APPLICATION FOR ADMISSION

TUFTS PROGRAMS ABROAD

TUFTS UNIVERSITY

MEDFORD, MA 02155

Tel: (617) 627-3282 Fax: (617) 627-3971

Application deadline:

February 1, 2017

(Tufts-in-Oxford is

December 1, 2016)

Please check *one* program option:

CHILE:

Full Year 2017-18 Fall Semester 2017

CHINA:

Fall Semester 2017 (only)

GHANA:

Fall Semester 2017 (only)

HONG KONG:

Spring Semester 2018 (only)

JAPAN:

Full Year 2017-18 Fall Semester 2017

Spring Semester 2018

LONDON: (*check one*) UCL SOAS RHUL

Full Year 2017-18

Spring Semester 2018 (RHUL or SOAS only)

MADRID:

(*if applicable, rank order preference*)

Full Year 2017-18 (Rank) _____

Fall Semester 2017 _____

Spring Semester 2018 _____

OXFORD:

Full Year 2017-18 (only)

PARIS:

(*if applicable, rank order preference*)

Full Year 2017-18 (Rank) _____

Fall Semester 2017 _____

Spring Semester 2018 _____

TÜBINGEN:

Full Year 2017-18 Spring Semester 2018

STUDENT INFORMATION

Name in Full _____ Date of Birth _____

Student ID# _____ Citizenship _____ Email _____

Permanent Address: Street _____ Telephone _____

City _____ State _____ Zip _____ Country _____

Campus Mailing Address: Street _____ Cell phone _____

City _____ State _____ Zip _____ Country _____

Are you an international student on a Tufts-issued visa? Yes No

Are you planning to participate in a non-Tufts study-abroad program in the semester or summer prior to a semester with Tufts Programs Abroad? Yes No

ACADEMIC INFORMATION

College or University _____

Major(s) _____ Class Standing (junior, etc.) _____ GPA _____

Other Colleges Attended _____ Dates _____

How did you hear about this program? _____

CAN WE RELEASE YOUR NAME, PERMANENT ADDRESS, TUFTS E-MAIL ADDRESS, AND TELEPHONE NUMBER TO STUDENTS ATTENDING THE SAME PROGRAM? Yes No

(This is solely for the purpose of creating a pre-departure contact list for all students on the program you will attend.)

COURSES CURRENTLY IN PROGRESS:

**FURTHER COURSES TO BE TAKEN IN THE SEMESTER OR
SUMMER BEFORE PROGRAM BEGINS (if applicable):**

DESCRIBE YOUR OWN ACADEMIC AND PERSONAL STRENGTHS AND WEAKNESSES. IN LIGHT OF THESE, WHY ARE YOU APPLYING TO THIS PARTICULAR PROGRAM? (a separate document may be included; approximately 500 words in length is sufficient)

ACADEMIC APPROVAL

TUFTS APPLICANTS

*The completed application form should be reviewed and approved by the student's faculty advisor in the major (or intended major) department **prior to submission to Tufts Programs Abroad**; this portion of the form should be signed by the advisor during/following a meeting to discuss the study-abroad program and its impact on the student's progress toward completion of major and degree requirements. (Engineering students should have their applications reviewed by the department chair.)*

Please check appropriate boxes:

I am familiar with the applicant's academic progress and believe that their training and intellectual interests are such as to qualify them to profit by participating in the Tufts Programs Abroad.

I recommend the applicant with respect to character and personality for admission to the Tufts Programs Abroad.

I have discussed the proposed study-abroad program with the applicant and approve it as consistent with their concentration and degree requirements, subject to the following conditions and reservations. (Please indicate whether courses may be used toward the concentration requirement.)

Remarks and/or conditions and reservations:

NON-TUFTS APPLICANTS

The application is at this point to be reviewed by a Dean or Study Abroad Professional at the applicant's college or university for approval and then submitted to Tufts Programs Abroad.

Please check appropriate boxes:

The applicant is in good academic and disciplinary standing in their college or university.

I recommend the applicant with respect to character and personality for admission to Tufts Programs Abroad.

It is understood that in recommending a student for the Tufts Programs Abroad we approve the applicant's plan of study and consider the work creditable towards our degree.

Remarks and/or conditions and reservations:

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Name _____ **Telephone** _____

Address: Street _____ **City** _____ **State** _____ **Zip** _____

(if different than home address on front)

Parent/Guardian Email Address: _____

BILLING INFORMATION:

(if different than home address on front)

Name/Institution _____ **Telephone** _____

Address: Street _____ **City** _____ **State** _____ **Zip** _____

STUDENT CERTIFICATION

I hereby apply to participate in the above designated program of the Tufts Programs Abroad. I have also carefully read and reviewed the Tufts Programs Abroad brochure, application instructions, and application forms.

I hereby waive my right of access to my completed program application, recommendations and/or references and hereby authorize Tufts University to reproduce and release any and all parts of my application and records to any cooperating institutions and program directors overseas and to send a transcript of my grades from the above designated program of the Tufts Programs Abroad to the college/university in which I am enrolled as a degree candidate.

date

signature

**TUFTS PROGRAMS ABROAD
DOWLING HALL
TUFTS UNIVERSITY
MEDFORD, MA 02155
Tel: (617) 627-3282
Fax: (617) 627-3971**

AGREEMENT AND RELEASE

**TUFTS PROGRAMS ABROAD
TUFTS UNIVERSITY
MEDFORD, MASSACHUSETTS 02155
(Chile, China, Ghana, Hong Kong, Japan, London, Madrid, Oxford, Paris, and Tübingen)**

Notice: **This is a two-page document. All pages contain important terms and conditions which affect your legal rights. READ BOTH PAGES CAREFULLY BEFORE SIGNING.**

1. I am an applicant for the Tufts Programs Abroad in either Chile, China, Ghana, Hong Kong, Japan, London, Madrid, Oxford, Paris or Tübingen (hereinafter “the Program”) offered by Tufts University (hereinafter “Tufts”). I understand that the Program includes travel, living and study in foreign countries and can involve risk of injury, death, loss of or damage to personal property, accident, delay and expense resulting from participation in the Program, including, but not limited to, the use of any vehicle, the occurrence of strikes, war, insurrection, crime, governmental restrictions or regulations, disease or infection, weather conditions, limited medical care, the acts or omissions of any water carrier, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or any other firm, agency, company or individual and periods of unsupervised or independent travel. I further understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could endanger my health and safety.
2. I have weighed the dangers inherent in foreign travel and study, the risks presented to my own health and well being, and my personal desire to further my educational experiences by traveling and studying in a foreign country. I have concluded that the risks are acceptable and are outweighed by my desire to participate in the Program.
3. In consideration of Tufts permitting me to participate in the Program, I hereby waive and release any rights against Tufts, its trustees, agents, employees and representatives to file a claim, demand or cause of action of any kind or nature whatsoever related to or arising out of my participation in the Program and I further agree to defend, indemnify and hold harmless Tufts, its trustees, agents, employees and representatives from any obligations or liabilities for which Tufts may become liable as the result of damage, death or injury to the person or property of others while participating in the Program.
4. During my participation in the Program, I hereby grant Tufts, its employees and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of my health and safety, and I hereby release each of them from any liability, claims, demands or causes of action of any kind or nature whatsoever, arising or resulting from any such decisions, actions, or omissions. The authority granted in the preceding sentence shall include the right to place me, at my own expense, and without further consent, in a hospital, within or outside the United States, for medical services and treatment, or if no hospital is readily accessible, to place me in the hands of a local medical doctor for treatment. If it is deemed necessary or desirable by Tufts, its employees or agents, I authorize them to transport me back to the United States, by commercial airline or otherwise, at my own expense, for medical treatment. I have arranged, through insurance or otherwise, to meet any and all needs for payment or medical costs while I participate in the Program. I understand that neither Tufts nor the Program has responsibility or liability, and I agree to hold Tufts and the Program harmless, for independent travel undertaken by me before the Program begins, after it ends, or on semester breaks, holidays, or week-ends. Nevertheless, the Program may restrict or urge reconsideration of independent travel based on current health or safety concerns.
5. In the event that Tufts, its employees or agents shall advance or loan any monies to me or shall incur expenses on my behalf, while I am a participant in the Program, I hereby agree to repay any such advances, loans, or expenses immediately upon my return to the United States.

6. I hereby agree to comply with all rules, standards and instructions relating to student behavior which are promulgated by Tufts or the host college. I agree that Tufts, its employees and agents shall have the right to enforce appropriate standards of conduct, and that Tufts may, at any time, terminate my participation in the Program in the event of failure to abide by any such standard of conduct. If my participation in the Program is so terminated, I agree to return to the United States immediately thereafter, at my own expense, and Tufts shall be under no obligation to refund any portion of the fees and other charges which have already been paid or to afford me any credit against fees and charges which have accrued but have not then been paid.
7. When participating in group tours or other activities arranged by Tufts, I agree to accept the will of the majority whenever a matter of choice is presented to the group. I will also accept in good faith the supervision and instruction of Tufts or their agents (including the resident director) in all matters relating to the Program including the personal conduct of Program participants.
8. I understand that, from time to time, Tufts' publicity materials may include statements by and/or photographs of Program participants and I hereby consent to such use of my comments or photographic likeness.
9. I hereby acknowledge that Tufts reserves the right to make cancellations, substitutions, or changes in the Program. In addition, I understand that Tufts' fees are based upon costs currently in force and are subject to change. I agree that, if I leave the Program for any reason after the Program has begun, there will be no refund of any fees or charges already paid or any credit for fees and charges accrued but not paid.
10. All references to Tufts in this agreement shall include the trustees, officers, directors, staff members, campus directors, chaperons, group leaders, employees, agents and affiliates of Tufts, as the case may be.
11. I hereby acknowledge that I have read the terms of conditions set forth in the Release and Agreement for Tufts Programs Abroad, the Agreement Not to Use Motor Vehicles or Bicycles (where applicable), and the Tufts Programs Abroad brochure and I understand that the Agreement and the brochure constitute the entire agreement between Tufts and myself.
12. The Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

Signed on this _____ day of _____, 20_____.

Signature of Applicant

Name of Applicant (please print)

CONSENT OF PARENT OR LEGAL GUARDIAN *

I certify that I am the parent/legal guardian of the applicant, that I have read the foregoing Agreement and Release for Tufts Programs Abroad, and the Tufts Programs Abroad brochure, and I hereby join in the agreements of the applicant contained in the foregoing, and agree to be bound by all the obligations of the applicant thereunder as if I were a party thereto.

Signed on this _____ day of _____, 20_____.

Signature of Parent/Legal Guardian *

*** Parent or guardian signature is required if the student is under 21 years of age or if the parent or guardian is responsible for paying tuition, fees, and charges.**

LANGUAGE RECOMMENDATION FOR TUFTS IN MADRID AND TUFTS IN CHILE

ROMANCE LANGUAGES DEPARTMENT FORM

Name of Applicant: _____	<u>Program:</u>
Name of Instructor: _____	<input type="checkbox"/> Chile
Course: _____	<input type="checkbox"/> Madrid
<u>Recommender- please return form to:</u>	
Deadline: <i>February 1st</i>	Office of Programs Abroad Dowling Hall Tufts University Medford, MA 02155

1. Please rate the student in comparison with other individuals at similar stages in their career.

	Upper 10%	Next 15%	Mid 50%	Lower 20%	Unable to Judge
a. Knowledge of Spanish					
b. Listening Comprehension					
c. Verbal Fluency					
d. Reading Comprehension					
e. Written Expression					

2. What three words best describe this student? _____

3. What are his/her strengths and weaknesses?

4. Would you like to have this student on a study abroad program that you were directing? Why or why not?

5. To the extent possible, please assess the student in the following areas by circling the most appropriate response. Circle NA if you cannot judge with accuracy.

5 = Excellent 4 = Very good 3 = Average 2 = Many difficulties 1 = Quite weak NA= Unable to judge

Emotional maturity	5	4	3	2	1	NA
Adaptability to a different culture	5	4	3	2	1	NA
Adaptability to a new academic environment	5	4	3	2	1	NA
Motivation for studying abroad	5	4	3	2	1	NA
Conscientious work habits (well prepared for class, on time with assignments, etc.)	5	4	3	2	1	NA
Works independently	5	4	3	2	1	NA
Relates well to others	5	4	3	2	1	NA

Other comments (optional):

Instructor's Signature: _____ Date: _____

Print Name: _____

FACULTY RECOMMENDATION FOR TUFTS PROGRAMS ABROAD APPLICANTS

Name of Applicant: _____	<u>Program:</u>
Name of Instructor: _____	<input type="checkbox"/> Chile
Course: _____	<input type="checkbox"/> China
<u>Recommender- please return form to:</u>	<input type="checkbox"/> Ghana
Deadline: <i>February 1st</i>	<input type="checkbox"/> Hong Kong
Office of Programs Abroad	<input type="checkbox"/> Japan
Dowling Hall	<input type="checkbox"/> London
Tufts University	<input type="checkbox"/> Madrid/Alcalá
Medford, MA 02155	<input type="checkbox"/> Paris
	<input type="checkbox"/> Tübingen

Please comment on the student's general intellectual ability and motivation for studying abroad, emotional maturity and stability, and abilities to function in a foreign environment, relate to others, and work independently. (Please use the reverse side and/or attach a separate sheet if preferred.)

Instructor's Signature: _____ Date: _____

Print Name: _____

Title and Department: _____