

Application for Spanish Language Immersion Summer 2018

Dr. Glynis Cowell, Director
Spanish Summer Immersion Program
Department of Romance Studies
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TYPE OR PRINT CLEARLY. Completed applications should be returned to Dr. Glynis Cowell at the address above beginning February 1, 2018. Decision notifications will be sent via email to the address you provide below. Accepted applicants are required to pay a \$250 program fee within 10 business days of notification. Only 20 students will be accepted into the program.

Full Name _____ Cumulative G.P.A. _____
(last) (first) (middle)

Address _____
(street) (City) (State and Zip)

Email address: _____ Phone (_____) _____

Year _____ Major _____ UNC-Chapel Hill students: PID# _____
(rising SO, JR, SR)

Visiting Students ONLY:

Current college/university _____

Submit an official copy of your most recent transcript with this application; otherwise the application is incomplete. As a visiting student, you will need to apply online as a Summer School Visiting student after February 1, 2018, and be accepted to Summer School for your admission to be complete. You must have a minimum GPA of 2.0 at your current institution.

**Please indicate if you are a visiting non-traditional student, having already completed a degree.

PREVIOUS LANGUAGE STUDIES (Note: the program is designed for true beginners and does not assume any prior knowledge of Spanish)

Have you ever studied Spanish? Yes _____ No _____

If YES, answer the following questions:

Where, when, and for how long did you study Spanish?

How would you rate your speaking proficiency? Speak a few words Speak a few short sentences
 Speak for a short time but with difficulty

Other languages studied (indicate proficiency level of each)

Why are you choosing the language immersion program at UNC Chapel Hill? (Attach additional sheet if necessary)

Where will you live during the program? on campus _____ off campus _____

****EMERGENCY CONTACT ADDRESS:**

(name of person to contact)

(relationship)

(street, P.O. box, or rural route)

(city) (state) (zip)

Phone (_____) _____

Your signature on this form certifies that the information provided is accurate. Any fraudulent statement may result in your cancellation from the program.

Your signature on this form also indicates that you have read and agree to the statement listed below:

I understand that if accepted, I will pay a \$250 program fee signifying my desire to participate in the program. After payment is received, if I withdraw, \$50 of that fee is non-refundable, and \$200 will be refunded.

I also understand that if accepted into the program, I will be required to participate fully in cultural activities in the evenings Monday – Thursday, even if I live off campus. I am also aware that I will be expected to attend the opening orientation the evening prior to the start of class.

I will be expected to abide by the Code of Student Conduct at UNC Chapel Hill and, if I live in campus housing, the regulations for residence hall living. I understand that if I violate any of those policies I can be suspended from the program.

(signature)

(date)

**Unless I have marked through this sentence I hereby authorize UNC-CHAPEL HILL to notify the contact person identified above in case of an emergency. This consent shall remain in effect until ten days after the program ends unless I earlier revoke it in writing.

FOR OFFICE USE ONLY

Date application received _____

Date student notified of acceptance _____

Date \$250 program fee paid _____