

OFFICE USE ONLY

Date Received:

IPO signature:

Grade/Ranking:

STUDY PERIOD ABROAD (SPA) SELECTION FORM

SUBMISSION DEADLINE: 17th November 2011, 4p.m.

Please include 8 passport-size photographs

PERSONAL DETAILS - Please complete in black / blue ink & CAPITAL Letters

SURNAME: FIRST NAME:

DATE OF BIRTH PLACE OF BIRTH:

NATIONALITY: PASSPORT NUMBER:

MOBILE NUMBER HOME NUMBER.....

PERMANENT E-MAIL ADDRESS:

PROGRAMME OF STUDY (PLEASE CIRCLE): ...EVENTS MANAGEMENT / INTERNATIONAL BUSINESS

Do you have a disability or medical condition? Yes No

Please give brief details and indicate any individual arrangements or facilities you may need at your host institution

Provided that you consent, we will pass this information to your host institution.

Yes, I give consent for this information to be passed on to my host institution

No, I do not consent for information to be passed on to my host institution

TERMS & CONDITIONS OF SPA FORM

- By signing the SPA Form I,, agree to the following terms and conditions:
- I have fully researched my SPA choices before submitting this contract
 - I am aware and understand that I may not get my first choice of SPA destination
 - My choices have been approved by my parents, guardian or any other financial supporters
 - I will not change my allocation **except** under exceptional circumstances for which I will be required to provide supporting documentation
 - I realise that if I do not submit this form on time I will be allocated to whatever SPA places remain
 - I will assist other Regent's College students preparing for their SPA upon my return
 - I will complete an exchange evaluation questionnaire at the end of my SPA
 - I will continue to pay my regular tuition fees to Regent's College during my SPA, payable before departure
 - I am subject to both the partner institution's and Regent's College regulations while abroad
 - I will keep the IPO informed of any changes to my personal email address
 - I will attend all compulsory pre-departure sessions
 - I understand that any partner institution may change their contract agreement (e.g. withdraw or reduce available spaces) at any time.
 - I understand that if I fail a core module in Level 1 or 2 my SPA allocations may be subject to change.

Student Signature: **Date:**.....

Please tick here if you would not like your contact details to be available to future SPA students

STUDY PERIOD ABROAD CHOICES – Please complete your chosen SPA(s) destinations below in preference order.

IMPORTANT NOTE:

- Students who start a language from beginner’s level must do a full year in the foreign language unless studying 2 foreign languages.
- You may be eligible to replace one of your SPAs with a Placement Learning Project (PLP). Please discuss this option with your SPA Academic Advisor.

1st SPA

Autumn 20..... Spring 20..... Language Stage:

Language of SPA:

1st Choice.....

2nd Choice

3rd Choice.....

4th Choice.....

SPA Academic Advisor comments and allocations for 1st SPA:

Supporting Statement for SPA I

Based on your research, give your reasons for selecting your first choice institution (personal, academic, etc):

Student Signature: **Date:**

SPA Academic Advisor signature

2nd SPA

Autumn 20.... <input type="checkbox"/>	Spring 20.... <input type="checkbox"/>	Language Stage:
--	--	-----------------

Language of SPA: 1 st Choice..... 2 nd Choice 3 rd Choice..... 4 th Choice.....
--

SPA Academic Advisor comments and allocations for 1st SPA:
--

Supporting Statement for SPA 2

Based on your research, give your reasons for selecting your first choice institution (personal, academic, etc):
--

Student Signature: **Date:**

SPA Academic Advisor signature

Please return your signed contract along with 8 passport-size photographs to the International Partnerships Office (Jebb 204) by 4pm on Thursday, 17th November 2011.