



Application for Summer Program

Program Cancellation and Changes. I understand that Heidelberg University reserves the right to cancel the program and to make changes or alterations in the program and/or program itineraries at any time as may be required because of emergency, changed conditions, or the University's determination that such cancellation, changes or alterations are in the best interest of the program or its participants. I further understand that the University is not responsible for changes or alterations to or cancellation of programs by the host institution. Heidelberg University shall have no liability to any participants, their parents or any other third party for the cancellation of the program or any changes or alterations to the program.

Please consider my application for the:

_____ Heidelberg Summer Program

Summer of Study

20_____

Application Deadlines:

March 1

General Background Information

Full Name of Applicant _____
(Last, First Middle)

Home Address _____

College Address _____

Home Phone _____

Cell Phone _____

School Email _____

Social Security Number _____

Alternate Email _____

Citizenship _____

Date of birth (mm/dd/yy) _____

Please check one item below:

Gender: Male Female Other

1. _____ I have/am applying for a U.S. passport.

2. _____ I am not a US or EU citizen and will be applying for a visa at the German embassy in _____ (list city)

Emergency Contact Name _____

Address _____

Phone _____

Cell _____

Email _____

Academic Information

College/University _____

Current Standing Freshman Sophomore Junior Senior

Cumulative GPA _____ Equivalent Letter Grade: _____

Major(s) _____ Minor(s) _____

Highest level of College German taken (if applicable) _____

Other interests, hobbies, volunteer experiences _____

Billing Information

The summer program bill will be sent to the student's email. If you would like someone else to receive a copy, please indicate below.

Program Billing:

Name _____

Address _____

Phone _____ Fax _____

Email _____

Where did you hear about the Heidelberg Summer Program?

AJY Website Study Abroad Office Advisor Professor Internet

Campus visit by AJY Program representative Other _____

Signature _____

Today's Date _____



310 E Market Street
Tiffin OH 44883
419-448-2062
Fax: 419-448-2217
Email: ajy@heidelberg.edu

Heidelberg Summer Program Information Waiver

Student's Name _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their rights of access concerning recommendations. The following signed statement is the applicant's wish regarding these recommendations.

I waive my rights to inspect the contents of my references for the Heidelberg Summer Program

I do not waive my rights to inspect the contents of my references for the Heidelberg Summer Program

signature

date

signature

date

Please provide the name and email for your Academic/Personal Reference, which should be completed by someone who can attest to your qualities, such as an advisor or a faculty member (other than your German reference):

Name _____ Email _____

Please provide the name and email for your German Language Reference, which should be completed by your most recent German professor (only applicable if you have studied German):

Name _____ Email _____