

San Jose, Costa Rica

Summer Session



ICISP Study Abroad Program

Details

Students interested in residing and studying in another country for a longer period of time may participate in this sponsored summer session abroad program offered through College of DuPage and the Illinois Consortium for International Studies and Programs (ICISP). Earn up to 7 credits of Spanish Language and the Culture and Civilization of Costa Rica while studying in San Jose, Costa Rica.

Program Dates (subject to change):

Summer Session: May 25, 2016 through June 25, 2016

Cost: Summer session estimated @ \$3,099 (price subject to change without notice)

Includes: Airfare, Instructional costs, home stay with meals, travel insurance and field trips

Application Deadlines: Summer Session – February 15th

For More Information Visit: www.clcillinois.edu/cie

For more information, contact:
Center for International Education
www.clcillinois.edu
(847) 543-2000

**College of DuPage Summer Study Abroad
Application for Admission**

Please submit \$500 deposit with application and photocopy of your passport (Additional \$100 administrative fee for non-COD students participating in the Costa Rica program.)

I am interested in participating in the program to: _____
List Country/Language

Last name First name Middle initial

Permanent street address City State ZIP

Home phone Cell phone Email

Your address while at college if different from above City State ZIP

How long will you be at your college address? Until ___/___/___ Gender: Male Female

Do you already have a passport? (If so, submit a copy with your application.) Yes No

Name, exactly as it appears on passport Passport number Passport expiration date

Date of birth Citizenship

If your passport will expire less than 6 months from the trip return date, or you do not yet own a passport, please apply for one now as it can take several weeks to obtain one: http://travel.state.gov/passport/get/get_4855.html

ACADEMIC INFORMATION

Current college Address Dates of attendance

Previous college Address Dates of attendance

Previous college Address Dates of attendance

Current status: H.S. Graduate Freshman Sophomore Junior Senior College Graduate

Major Minor Overall GPA

Last name

First name

Middle initial

Location of Study Abroad program

Current speaking ability of language I wish to study through COD this summer:

Excellent **Good** **Fair** **Poor/None**

How many years have you studied this language?

High School: 0 1 2 3 4 5 College: 0 1 2 3 4 5 6 7 8
 semesters quarters

ADDITIONAL INFORMATION

Have you ever been on disciplinary probation? Yes No If yes, explain:

How did you hear of the COD/ICISP Program?

REFERENCES

Please list the names and addresses of **two** current or previous employers/teachers who have known you for at least one year and have observed your relationship with others.

One recommendation must be from a recent teacher.

Name Phone What is his/her relationship to you?

Address City State ZIP

Name Phone What is his/her relationship to you?

Address City State ZIP

Applicant's signature

Date

Last name

First name

Middle initial

Location of Study Abroad program

ESSAY

Please submit a one-page essay in response to the following questions: How will the program relate to your personal, academic and career goals? What cultural experiences are you looking for during your study abroad? What do you think will be the most challenging aspect (besides learning the language) of living in another culture? How do you plan to prepare for and get the most out of your study abroad experience? What contributions do you hope to make as a member of the group? Do you have previous travel experience within the U.S. or abroad (briefly discuss)? Is there anything you would like us to know (likes, dislikes, etc.)?

Last name

First name

Middle initial

Location of Study Abroad program

Cancellation/Refund Policy

In the event that a participant wishes to **withdraw from a program for which they are registered, certain penalties may apply**. Services are planned and commitments are made on behalf of all participants, in advance of actual departure: suppliers require advanced deposits and payments, and final payments for all services are sent to vendors months in advance of departure. These payments are non-refundable since contractual agreements stipulate penalties to be applied to services requested but not used.

Please note that no refunds will be made for any services provided in the itinerary that you do not use. Please be aware that no refunds will be issued within 30 days of departure.

Please understand that if you change your plans for ANY reason, your right to a refund is limited.

All cancellations and refund requests must be made in writing and sent to:

**College of DuPage
Field Studies/Study Abroad, BIC 3509
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599**

I have read and I understand the Participant Cancellation and Refund Policy.

Date

Last name

First name

Middle initial

Location of Study Abroad program

HOUSING PREFERENCES

Preference will be considered, but cannot be guaranteed. Check any preferences that are important to you:

Roommate

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Non-smoking |
| <input type="checkbox"/> Messy | <input type="checkbox"/> Neat |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Morning person | <input type="checkbox"/> Night person |
| <input type="checkbox"/> Punctual | <input type="checkbox"/> Not punctual |

Living Arrangements preferences:

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Non-smoking |
| <input type="checkbox"/> Pet O.K. | <input type="checkbox"/> No pets |

Any specific dietary requirements:

Three adjectives that describe you best: _____

Please submit completed form to:

**College of DuPage Study Abroad Program
Field Studies/Study Abroad, BIC 3509
425 Fawell Blvd., Glen Ellyn, IL 60137-6599**

****Two letters of recommendation are required as part of this application.**

Please direct two people who know you well (current or former teacher, employer) to complete and submit a letter of recommendation on your behalf:

http://www.cod.edu/academics/field/studyabroad/pdf/recommendation_form.pdf

College of DuPage Summer Study Abroad Recommendation Form

This candidate's application cannot be completed until we receive this completed form. Please return it promptly in a sealed envelope to the address below or return to student in an envelope that is sealed and signed on the seal by you.

TO THE APPLICANT

Complete this portion and give the form to a current or previous employer/teacher who has known you for at least one year and has observed your relationship with others. **One recommendation must be from a recent teacher.**

Name: _____ Phone number: _____

Study Abroad location: _____ Email address: _____

Your local community college: _____ College you're attending: _____

As this letter is confidential, please have it sent directly to COD (*address below*) by providing a stamped, addressed envelope to the evaluator. You may submit the letter yourself if it has been sealed in an envelope and signed on the seal by the evaluator.

I waive my right to access this letter, completed by (*evaluator name*): _____ Yes No

Student signature: _____ Date: _____

TO THE EVALUATOR

This rigorous program expects students to learn from academic classes as well as structured and unstructured experiences. Participants are involved in a challenging cross-cultural program, which includes a monthlong period of living in another country. To succeed, the applicant must be highly motivated and able to adjust to people of different social, cultural and economic backgrounds—sometimes under difficult emotional and physical conditions. Hence, we cannot overemphasize the value of your candid appraisal to enable us to determine whether the applicant is ready for this program.

Please rate the applicant on the following characteristics:	Excellent	Good	Average	Poor	Unknown
Academic motivation					
Self-discipline					
Emotional maturity					
Initiative					
Independence					
Open-mindedness					
Ability to function as a group member					
Good ambassador for the college and U.S.A.					

Would you enjoy having the applicant: Live in your home for a month? Yes No

As a member of a group for which you are responsible? Yes No

For how long and to what capacity have you known the applicant? _____

(Please use the next page for additional commentary.)

Name _____ Position _____ Phone number _____ Date _____

Address _____ City _____ State _____ ZIP _____

Email address _____ Signature _____

**MAIL TO: College of DuPage Study Abroad | Field Studies/Study Abroad | BIC 3509 | 425 Fawell Blvd., Glen Ellyn, IL 60137-6599
EMAIL TO: Benassi@cod.edu**

**College of DuPage Summer Study Abroad
Recommendation Form**

Name of applicant: _____

Location of Study Abroad program: _____

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Address _____ City _____ State _____ ZIP _____

Email address _____ Signature _____

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**College of DuPage Summer Study Abroad
Recommendation Form**

Name of applicant: _____

Location of Study Abroad program: _____

Use this page for additional commentary.

Costa Rica	ICCB #	IAI #	ICISP #	Corresponding course at CLC	Semester offered
HUMANITIES					
Latin American Civilization & Culture	11-050107		1505	SST 299: Special Topics in Social Science (per Stephanie Gray on 4/23/2013)	Su
FOREIGN LANGUAGE					Su
Spanish I	11-160905		2613	SPA 121: Beginning Conv Spanish I	Su
Spanish II	11-160905		2609	SPA 122: Beginning Conv Spanish II	Su
Spanish III	11-160905		2610	SPA 221: Intermediate Spanish I	Su

Courses are subject to change - please review with your ICISP Representative

UPDATED 12.9.13