



**UNDERGRADUATE ACADEMIC YEAR ABROAD IN AUSTRIA PROGRAM
2011-2012
DEPARTMENT OF GERMAN, RUSSIAN AND EAST ASIAN LANGUAGES
BOWLING GREEN STATE UNIVERSITY
BOWLING GREEN, OHIO 43403-0217**

I hereby apply for admission to the 2011–2012 AYA Austria Program.

_____ The academic year abroad _____ AYA and Mozarteum _____ Fall semester 2011
_____ Spring semester 2012

Name: _____

Address: _____

Phone: _____ E-mail address: _____

Home Address: _____

Phone: _____ E-mail address: _____

Date and place of birth: _____

Name of parent(s) or guardian: _____

I am a resident of the state of: _____

College or university now attending: _____

Class (by Sept. 2011): _____ Major: _____ Minor: _____

Cumulative point average: _____ GPA in German: _____

Prior German courses:

Years in high school: _____ Credit hrs. in college: _____

Additional German courses I expect to have completed by Sept. 2011: _____

References: (See section on "Application Procedures" in booklet.)

1) Name of person familiar with my proficiency in German:

2) Name of person familiar with my general academic background:

3) Name of personal reference:

Statement. On a separate sheet write a one-page essay about yourself, your interest in German and your career plans. Please enclose this with your application.

PLEASE NOTE: The Austrian student health insurance plan is now mandatory. Cost is approximately \$280.00 per academic yr., paid by the student in monthly installments in Salzburg. The BGSU bursar will not bill you for this charge.

I understand the need for medical insurance as stated in the booklet and in the statement below. I further state that I have no illnesses or conditions, mental or physical, which would prevent me from satisfactorily completing the year abroad.

I further agree to abide by the rules and regulations governing the program, and I pledge to use German consistently during my stay in Austria. I understand that systematic disregard of this pledge may affect my academic standing in the program.

(Date) (Signature)

If you are under 18, your parent or guardian must sign the following authorization:

I authorize the program director to take any action that should be necessary to insure the health and welfare of my son ____ / daughter ____.

I take full responsibility for providing an adequate accident, sickness, hospitalization and personal effects insurance protection for the duration of the program.

He/She has my permission to travel without supervision during weekends, vacation and holiday periods, as well as after the closing date of the program. I understand that he/she is expected to inform the director of all travel plans between October 1, 2011 and June 30, 2012.

(Date) (Signature)

(Relationship to student)
