

APPLICATION FOR ADMISSION

STEP 1

Complete the Application:

Additional Applications can be downloaded from our website.

www.SemesterInSpain.org

STEP 2

Provide Transcripts:

Send in transcripts from all colleges you have attended. If you have earned less than 12 credit hours, submit a copy of your high school transcript as well. (May be sent separately)

STEP 3

Include the Application Fee:

\$50 Check or Money Order
(Payable to: Semester In Spain)
The application fee is non-refundable.

STEP 4

Send to:

Semester In Spain
Trinity Christian College
6601 West College Drive
Palos Heights, IL 60463

Personal Information

Gender: Male Female

Last Name	First Name	Middle Initial
Birth Date	Social Security Number	Country of Citizenship

Ethnicity (U.S. Department of Education—For statistical purposes only)

White Hispanic of any race Asian
 American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Islander

Current Address

Address Valid Until Date ___/___/___

Street Address			
City	State/Province	Zip Code	Country
Daytime Phone	Evening/Cell Phone	E-Mail Address	

Permanent Address (If different from current)

Street Address			
City	State/Province	Zip Code	Country
Daytime Phone	Evening/Cell Phone	E-Mail Address	

Parent or Guardian Information

(Please provide this if you are under 25 years old)

Name(s)			
Home Address			
City	State/Province	Zip Code	Country
Daytime Phone	Evening/Cell Phone	E-Mail Address	

Enrollment Year: 20___

Semester/Term:

Fall Spring
 Summer Term #1 Summer Term #2

I would like to take courses
at the following level:

Beginning Intermediate Advanced

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Education

Name of College You Currently Attend (City/State)		Dates Enrolled From/To
Current Class Level	Previous High School Spanish (Years)	Previous College Spanish (Semesters)
Major	Minor	Anticipated Graduation Date

Names of other Colleges or Universities you attended

Name of College (City/State)	Dates Enrolled From/To
Name of College (City/State)	Dates Enrolled From/To

References

1. Name (Should be your professor or school official)	Phone	2. Name (Should be your professor or school official)	Phone
Street Address		Street Address	
City	State/Province	Zip Code	Country
E-Mail Address		E-Mail Address	
What is this person's relationship to you?		What is this person's relationship to you?	

Signature	Date
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** Students are encouraged to check with their home school to determine if they must receive approval to participate in an off-campus program.**

For Office Use Only: