



## PROGRAM INFORMATION

Estimated Spanish Level:  Beginner  Intermediate  Advanced  Fluent

Year Applying For: \_\_\_\_\_

Program Applying For:

### Semester & Academic Year Programs

1) Please select desired university:

Universidad de Belgrano

Universidad Torcuato di Tella

2) Please select desired term:

- Semester Program (17 weeks)

Semester 1: March – June

Semester 2: July – November

- Semester Prep Program (21 weeks)

Semester Prep 1: February – June

Semester Prep 2: June – November

- Year Program (49 weeks)

July – June

- Year Prep Program (53 weeks)

June – June

### Summer Programs

1) The LAS Program is available at the Universidad Austral. All Spanish Summer Programs are available at the Universidad de Belgrano.

2) Please select desired term:

- Latin American Studies (7 weeks)

June – August

- Short Term Spanish Language Immersion (4 weeks)

May Session

June Session

July Session

- Summer Spanish Language Immersion

May – July (8 weeks)

June – August (9 weeks)

May – August (13 weeks)

### Spanish Language Programs

1) All Spanish Language Programs are available at the Universidad de Belgrano.

2) Please select desired term:

- Semester Spanish Language Immersion

Semester 1: Feb – May (13 weeks)

Semester 2: August – Dec (14 weeks)

- Quarter Spanish Language Immersion (10 weeks)

Quarter 1: January – March

Quarter 2: March – May

- Short Term Spanish Language Immersion (4 Weeks)

January Term

February Term

May Session

June Session

July Session

## ACCOMMODATION PREFERENCE

- Homestay with two meals       Shared Apartment       International Residence

## PROGRAM SUPPLEMENTS

Please check our website for descriptions and prices, or email us at [university@expanish.com](mailto:university@expanish.com). Subject to availability.

Intercambio Partner *(included)*:     Yes     No

Internship *(extra cost)*:     Yes     No      Volunteer Placement *(extra cost)*:     Yes     No

Workshops *(extra cost)*:

### Tango

- 2 Classes  
 4 Classes  
 8 Classes

### Traditional Cooking

- 2 Classes  
 4 Classes  
 8 Classes

### Wine Tasting

- 1 Class  
 2 Classes  
 3 Classes

### Fileteado Painting

- 2 Classes  
 4 Classes  
 8 Classes

### Photography

- 2 Classes  
 4 Classes  
 8 Classes

### Polo

- Full Day: # of Days: \_\_\_\_\_  
 Full Day + Night at the Estancia (Double Room): # of Days: \_\_\_\_\_  
 Full Day + Night at the Estancia (Single Room): # of Days: \_\_\_\_\_

## Optional Excursions *(extra cost)*:

\* Please note that students in 4-week programs will need to stay after their program for any of the below packages.

- Day trip to an *Estancia* - Northeast, Argentina  
*(already included on Expanish programs of 8-weeks or more)*
- Weekend trip to Mendoza - Central Andes, Argentina  
*(already included on Expanish programs of 8-weeks or more)*
- Weekend trip to Salta - Northwest, Argentina
- Weekend trip to Jujuy - Northwest, Argentina
- Weekend trip to Córdoba - Central Range, Argentina
- Weekend trip to Malargúe - Central Andes, Argentina
- Weekend trip to Rosario - Northeast, Argentina
- Weekend trip to Mar del Plata - Central Coast, Argentina
- Weekend trip to Bariloche - Northern Patagonia, Argentina
- Weekend trip to Cavihue - Northern Patagonia, Argentina
- Weekend trip to Puerto Madryn - Atlantic Patagonia, Argentina
- Weekend trip to El Calafate - Southern Patagonia, Argentina
- Weekend trip to El Chalten - Southern Patagonia, Argentina
- Weekend trip to Ushuaia - Tierra del Fuego, Argentina

## UNIVERSITY INFORMATION

Have you already graduated from university?  Yes  No  
*\*If so, please fill out former home institution information.*

Have you not yet begun university?  Yes  No  
*\*If so, please fill out high school or anticipated university information.*

\_\_\_\_\_  
Home Institution

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Field(s) of Study/Major

\_\_\_\_\_  
Expected Degree

\_\_\_\_\_  
Cumulative GPA

\_\_\_\_\_  
Year in School

\_\_\_\_\_  
Expected Grad Date

\_\_\_\_\_  
Advisor Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Advisor Contact Address

Please list all Spanish courses taken at the college level (attach additional pages if necessary):

Course Name	# of Weeks	# of Hrs/Wk	Grade Received

## INSURANCE INFORMATION

\_\_\_\_\_  
Health Insurance Provider

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name on Policy

*Check here if you plan to obtain health insurance through Expanish*

\_\_\_\_\_  
Provider Contact Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

## ADDITIONAL DOCUMENTS TO INCLUDE WITH APPLICATION

Expanish Program	Official Transcript	Statement of Purpose *	Proof of Health Insurance	Photocopy of Passport	Résumé/CV <i>(in Spanish)</i>	Letters of Recommendation** <i>(two letters required)</i>	Documentation of Spanish Proficiency***	Risk Acknowledgement <i>(signed)</i>
<i>Universidad de Belgrano (All Spanish Language)</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>				
<i>Universidad Austral (Summer LAS)</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>			
<i>Universidad de Belgrano (Semester/Prep)</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>		
<i>Universidad Torcuato di Tella (Semester/Prep)</i>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>			<b>X</b>	<b>X</b>

\* Statement of purpose should contain reasons for studying in Argentina (minimum 650 – maximum 750 words, double-spaced, in English or Spanish).

\*\* Two letters are required; both these letters should be from teachers at your most recent home institution.

\*\*\* Documentation of Spanish Proficiency includes any additional certifications you may have showing Spanish competency (AP test results, certificates, etc.).

### Program Supplements:

- *Internship applicants:* Letter of recommendation and Résumé/Curriculum Vitae (in Spanish).
- *Volunteer applicants:* Brief essay stating reasons for wanting to volunteer (*max 400-words, in Spanish*).
- *Scholarship applicants:* Appropriate Expanish scholarship application.

## PAYMENT OPTIONS

An application fee of **U\$S 60** is required to process this application (**credited to program balance**).

TO PAY BY CREDIT OR DEBIT CARD:

Please check this box, and an email invoice will be sent to you upon application receipt.

TO PAY BY CHECK:

Please check the "check" box below, and all checks should be made payable to **Expanish LLC** and please include the following on the memo line: **Acct #0046 2252 2661**. Please send the check DIRECTLY to our banking branch in the United States (do not include it with this application mailing) to:

Bank of America  
P.O. Box 31900  
Tampa, FL 33631-3900

### Students can pay the remaining program balance in two ways:

**Option 1:** Turn in a deposit of 20% of the total program fee upon admission approval [no later than sixty (60) days before program start date], and pay program balance in full by thirty (30) days before the program start date.

**Option 2:** Turn in a written consent for a financial aid transfer from your home institution financial aid office upon admission approval [no later than sixty (60) days before program start date], and ensure balance is paid in full by thirty (30) days before program start date. If the student would like the help of Expanish in negotiating this process, the student must advise the University Staff ([university@expanish.com](mailto:university@expanish.com)) by or before the application deadline. Your home institution does make all final decisions regarding their financial aid packages.

### Program Deposit will be paid by (please select one option only):

**Option 1:**  Check  Visa, MasterCard, AMEX, Discover  PayPal  Bank Transfer

**Option 2:**  I would like to pursue a Financial Aid transfer from my home institution. I understand that my home institution makes all final decisions regarding financial aid availability.

### Program Balance will be paid by (please select one option only):

**Option 1:**  Check  Visa, MasterCard, AMEX, Discover  PayPal  Bank Transfer

**Option 2:**  I would like to pursue a Financial Aid transfer from my home institution. I understand that my home institution makes all final decisions regarding financial aid availability.

*Some scholarship options are available and special financial aid decisions are made on a case-by-case basis; if you cannot make the payment by the above deadlines, please do not hesitate to contact the Expanish University Staff ([university@expanish.com](mailto:university@expanish.com)) in order to evaluate your situation.*

*While spots are oftentimes available up to one week before program start date, they are not guaranteed if application is submitted after the application deadline; submissions will be evaluated on a case-by-case basis. If the application is submitted after the program deadline and the student is approved for admission, the full program fee will be due upon admission approval. Applications will not be accepted less than one week before program start date.*

## APPLICATION SUBMISSION

By signing this application form I agree to the Terms and Conditions of Expanish (outlined online at <http://www.expanishstudyabroad.com/Terms-Conditions.html>) and declare that I am the person who is named in this application and that the above information is true. I understand my admission into the program will not be final until all application materials have been received and I meet all eligibility criteria. I understand an invoice for all program fees will be sent to me shortly after my application has been approved and that my registration will not be completed until the proper payment has been received.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

Please mail in the application fee according to the instructions above, and send in this form with the appropriate additional documents to:

**Expanish**  
**Re: University Programs**  
**14525 SW Millikan Way #21429**  
**Beaverton, OR 97005-2343 USA**

Or you can fax the application form to **+1 415 236 6044** and a member of the Expanish University Staff will follow up with you upon receipt.

*Please contact the Expanish University Staff ([university@expanish.com](mailto:university@expanish.com)) with any questions or comments about this application form or Expanish university programs.*

Expanish | Viamonte 927, 1A y B | Buenos Aires / Argentina | Zip Code: C1053ABS  
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