



VENUSA

C-Form

International Studies & Modern Languages
Mérida, Venezuela

Upon receipt of this form, please complete all sections and return. *(Always maintain copies for your records)*

Mail to: VEN-USA's U.S. Contact Office / 6542 Hypoluxo Road #324, Lake Worth, FL 33467

Contact: Tel: 561 357-8802 / Fax: 561 357-9199 / e-mail: venususa@earthlink.net / www.venusacollege.org

PARTICIPANT CHECK LIST

- Acceptance, Release and Waiver Form #101 *(must be notarized)*
- Copy of Power of Attorney *(if applicable)*
- Course Request Form #104 *(required immediately)*
- ACADEMIC TRANSCRIPT *(required with Course Request Form / unofficial copy acceptable / emailed attachment preferred)*
- Academic Regulations *(last page only, required along with Course Request Form & Academic Transcript)*
- Book Request Form
- C-Form *(required immediately)*
- Personal Funds Program / Homestay Preference Form
- Cell Phone Request Form
- 2 Photos with student name & passport # on back *(similar to a passport size photo / large photos not accepted)*
- (MAIL 1 PHOTO TO FL contact office / TAKE 1 PHOTO TO MERIDA)**
- \$100 incidentals deposit *(payable to ENTRE AMERICAS LEARN & TRAVEL, must be forwarded with this form)*
This refundable deposit is to ensure proper care of all books, homestay key, locks, airline service fees, etc.
- Copy of Passport (photo page only, may be mailed at a later date)
- Travel Requests Forms (TR1 & TR2)

Your home university or academic institution: _____

Did you speak to an advisor or professor regarding this program? Yes No

If so, please provide name and email address: _____

What are your reasons for choosing VENUSA as your study abroad destination?

To assist us in tracking promotional efforts, please indicate where you heard about VENUSA:

- | | | |
|--|--|---|
| <input type="checkbox"/> Program Brochure / Poster | <input type="checkbox"/> Peterson's Guide | <input type="checkbox"/> Professor / Counselor |
| <input type="checkbox"/> Study Abroad Catalog / Course Guide | <input type="checkbox"/> Direct Mailer | <input type="checkbox"/> Past Program Participant / Other Student |
| <input type="checkbox"/> Bulletin | <input type="checkbox"/> Classroom Visit | <input type="checkbox"/> Transitions Abroad |
| <input type="checkbox"/> World Wide Web | <input type="checkbox"/> Study Abroad Fair | <input type="checkbox"/> Academic Year Abroad Guide |
| <input type="checkbox"/> Study Abroad Advisor | <input type="checkbox"/> Other: _____ | |

May VEN-USA release your name & contact to present or potential participants? Yes No

May VEN-USA publish your comments, photo or video image? Yes No

STUDENT ADDRESS INFORMATION

To insure that you receive further information, VEN-USA will require your email and mailing address until the departure date. It is your responsibility to update any change of address, telephone and e-mail. APPROXIMATELY 1-2 WEEKS PRIOR TO YOUR DEPARTURE, VEN-USA WILL EMAIL **IMPORTANT** PROGRAM & TRAVEL INFORMATION. IT IS IMPERATIVE THAT WE ARE KEPT AWARE OF YOUR EMAIL ADDRESS and MAILING ADDRESS PRIOR TO THE PROGRAM COMMENCEMENT.

Name: _____ **Current** Address: _____

(city) _____ (state) _____ (zip) _____ Valid until: _____

Telephone: (_____) _____ Cell: (_____) _____

E-mail: _____ Valid until: _____

Permanent Address: _____ (city) _____ (state) _____ (zip) _____

Telephone: (_____) _____ E-mail: _____

EMERGENCY CONTACT: Name _____ Relation: _____

Tel: _____ Email: _____

WHAT ADDRESS WILL YOU BE AT 1-2 WEEKS PRIOR TO DEPARTURE? Permanent Current

FOR PARENTS OR GUARDIANS

Would you like for your parent(s) or guardian(s) to electronically receive general pre-departure information, updates and student handbook?

Yes No If so, what is the email address? _____

LAPTOPS / LOCKERS

VEN-USA offers 802.11 wireless technology through D-Link and Belkin wireless routers for thorough internet coverage throughout VENUSA. It is highly recommended to those of you that are able to take a laptop to Merida, do so. **Laptop lockers are available on-site at VEN-USA for storage, free of charge (lockers must be requested via this form).** You are responsible for taking your own combination lock. If you cannot take a laptop, there is a computer lab available.

CHECK ONE:

Yes, I plan to take a laptop. Reserve a locker.

No, I do not plan on taking a laptop.

PARTICIPANT INFORMATION FOR HOMESTAY PLACEMENT

Name: _____ Age(at departure): _____ DOB: _____

Study abroad term & year: _____ Gender: M F

1. You are allergic to: _____ No allergies

2. Do you smoke? Y N

3. Are you a *vegetarian? Y N Explain: _____

***Vegetarians should be aware that not all of the same foods you eat at home are available overseas.**

4.+I'd like a private room at homestay (add \$305 per semester or \$144 per summer) Y N

5.+I'd like to be the only U.S. student at homestay/private room (add \$354 per sem or \$198 per summer) Y N

6. ACADEMIC YEAR STUDENTS ONLY: Are you planning on staying with your homestay family during the interim period between semesters? Y N

Dates requested: _____ (Additional homestay nights must be prepaid prior to departure)

Additional comments: _____

Please note: +Program fee covers 2 U.S. students per room at the homestay (housing upgrades available, see #4-5 above). Students will be given information (address & telephone) of their homestay family prior to the program departure if this form is received 45 days prior to the commencement of the program. Exceptions may be made for late applicants. **Homestay families assignments are subject to change.**

HEALTH INFORMATION

The purpose of this form/information is to help VEN-USA to be of maximum assistance to you should the need arise during your study abroad experience. It is **very important** that VEN-USA is made aware of any medical or emotional problems, past or current, which might affect you while studying abroad. Failure to disclose a serious medical condition could be extremely dangerous to you should you fall ill in Venezuela. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. VEN-USA may not be able to accommodate all individual needs or circumstances. (Use separate sheet if necessary)

Yes No 1. Are you generally in good physical condition? If no, please explain: _____

Yes No 2. Are you presently taking any medication?

If yes, please list them: _____

Yes No 3. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain): _____

Yes No 5. Have you had any major injuries, diseases or ailments in the past five years?

(If yes, please explain) _____

Yes No 6. Are you on a restricted diet? (If yes, please explain) _____

Vegetarians or students on restricted diets should understand that the same foods they are accustomed to in the U.S. may not always be available abroad.

Please list any additional information concerning medical conditions or physical disabilities that we should be aware of: _____

I hereby certify that all the responses made on this health information form are true and accurate. I understand that withholding or falsifying information on this or any other VEN-USA form is grounds for immediate dismissal from the program with loss of credit and without refund. I will notify VEN-USA hereafter of any relevant changes in my health that occur prior to the commencement of the program. I am responsible for and have made all of the proper arrangements with an insurance carrier & have adequate medical/health/repatriation coverage while I am abroad.

Applicant signature: _____ Print name: _____

Date: _____