

MEDITERRANEAN STUDIES ASSOCIATION
UNIVERSITY OF ÉVORA, PORTUGAL, PORTUGUESE LANGUAGE, HISTORY &
CULTURE PROGRAM APPLICATION

DIRECTIONS: Please **USE YOUR COMPUTER to TYPE** all information on this special Adobe PDF form. **Just click on a line and type in the box** which appears. Complete all **3** pages of this form — incomplete registration forms cannot be processed. Once completed, you **cannot save what you have typed, except by printing it**. So please print one for yourself and one to mail to us. Be sure to **sign the form you print** out prior to mailing. This form **must** be accompanied by a **US \$200 deposit. Total cost is \$2795**. Costs not included: Airfare, lunch & dinner while on field trips, textbooks, souvenirs and other incidentals. We will bill you for the balance. Return this form and the deposit to:
MSA, PO Box 79351, N. Dartmouth, MA 02747, USA

Please select ONE of the following combinations:

- Program in Portuguese Language & History of Portugal
 Program in Portuguese Language & Portuguese Art History.

Student Information

Student Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Cell Phone _____ Birth Date _____ Male Female

What is your country of citizenship? _____

If you currently reside in a country other than your native country, are you (check one):

- A permanent resident, as an immigrant
 A temporary resident If a temporary resident, are you an exchange student Yes No

Emergency Contact Information

Primary Contact _____ Relationship _____

Address: _____

Home Phone: _____ Cell Phone _____

Email: _____ Email: _____

Secondary Contact: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone _____

School Information

Undergraduate First Year Sophomore Junior Senior

Graduate Student Degree Program: _____

University Name _____

Address _____ Web site _____

City, State, Zip _____

Medical Information

Please consult your parents (if appropriate) as you complete this section to provide the most accurate information possible. Complete the entire section. Explain in detail any special circumstances. The following information will be provided to the attending physician in the event of a medical emergency.

Name of Student _____ Age _____
Height _____ Weight _____ Hair Color _____ Eye Color _____
Emergency Contact _____ Phone _____ E-mail _____
Health Insurance Company _____ Policy # _____
Health Insurance Company Address _____

Please check any of the following conditions which apply to you and provide further detail:

Allergies Vision/Hearing Problems Asthma

Hypoglycemia Diabetes Seizure Disorder

Do you have any physical handicaps? No Yes

If yes, are you assisted by crutches? a wheelchair?
 a motorized wheelchair or cart?

Do you have reactions to any medication? No Yes

Have you had any recent illness? No Yes

Are you presently taking any medication? No Yes

Within the past two years, have you been under the care of a medical doctor or mental health professional? No
Yes

Date of last tetanus toxoid booster: _____

Dietary Restrictions: _____

Please provide a detailed description (TYPE IT BELOW) of any conditions you noted above or any other conditions of which we should be aware, including descriptions of any treatment and/or medications you may require. Attach additional TYPED pages if necessary:

