

**Los Angeles Valley College  
Montpellier, France Program  
Summer 2009**



**Application Procedure**

1. Complete the AIFS application form, securing the signature of your university's study abroad program coordinator and thus signifying your eligibility to apply.
2. A deposit of \$450 is due with the application.
3. Attach a photocopy of the information page of your passport (the page with your picture). If you do not yet have a passport, please apply for one immediately and mail a copy once you have received it.
4. Mail or give the completed application form, four 2" X 2" head shot photographs, and deposit to the contact person at your school: Professor Dominique Merrill, Foreign Language Department, FL 105 C, Los Angeles Valley College, 5800 Fulton Avenue, Valley Glen, CA 91401. Phone: (818) 947-2380. E-mail: [merrildk@lavc.edu](mailto:merrildk@lavc.edu), or visit <http://www.lavc.edu/studyaway/>.
5. The balance of fees should be sent before the dates indicated directly to: American Institute For Foreign Study, Partnership Programs, College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788. Telephone: (800) 727-AIFS.

**The program includes the following:**

- ⇒ round-trip airport transfers from Paris/Charles de Gaulle airport to the train station by private bus for those on the LAVC-arranged group flight;
- ⇒ round-trip transfer between Paris and Montpellier by TGV;
- ⇒ accommodation options including a shared studio residence with cooking facilities (typically 2 LAVC students sharing), a single studio, a single university dorm room, or a host family (with meals included) (see Payment Schedule for fees);
- ⇒ orientation program in Montpellier consisting of an orientation meeting with AIFS staff, student information packet including a comprehensive student handbook and local area information, and a half-day guided sightseeing tour of Montpellier;
- ⇒ four weeks of intensive French language instruction (beginner to advanced) at the Institute Linguistique du Peyrou (3 hours per day for a total of 60 hours) with materials included;
- ⇒ four cultural workshops;
- ⇒ access to the wireless-enabled ILP Student Center and the services of the ILP staff for information, advice, fax and mail services, and emergency contact service;
- ⇒ access to the student computer lab located in ILP from 8:45 a.m. to 12:30 p.m. and 2:00 p.m. to 5:30 p.m., Monday through Friday;
- ⇒ six half-day visits to locations such as: Nîmes, Sète, Saint Guilhem and a visit to the Grottes de Clamouse, Aïgues-Mortes, Château de Flaugergues, and Pézenas including all transportation and entrances;
- ⇒ three full-day excursions to Avignon including a visit to the Palais des Papes, Arles – La Camargue and Uzès – Pont du Gard, including all transportation and entrances;
- ⇒ Montpellier travel pass;
- ⇒ medical and program fee refund insurance policies;
- ⇒ \$50 non-refundable application fee.

**Program fees do not include the following:**

- ⇒ airfare;
- ⇒ \$125 refundable damage deposit;
- ⇒ tuition fees to your college;
- ⇒ meals not listed above;
- ⇒ passport and visa fees if applicable;
- ⇒ field trips or excursions required by your instructors;
- ⇒ personal expenses such as laundry;
- ⇒ optional personal effects coverage and medical insurance upgrade.

**Please retain this page for your records.**

## PAYMENT SCHEDULE FOR AIFS FEES

Your program fee is based on the accommodations you select:

Single Room in a University Dorm	\$3,300
Shared Studio in a Student Residence	\$3,450
Single Studio in a Student Residence	\$3,525
Host Family with Meals	\$3,850

<u>Summer Program</u>	<u>Fee</u>	<u>Deadline</u>	<u>Housing Options</u>	<u>Fee</u>	<u>Deadline</u>
Enrollment Deposit	\$450.00	March 30, 2009	Single University dorm	\$2,850.00	May 1, 2009
Damage Deposit (Mandatory/ Refundable)	\$125.00	May 1, 2009	Shared studio	\$3,000.00	May 1, 2009
			Single Studio	\$3,075.00	May 1, 2009
			Host family w/ meals	\$3,400.00	May 1, 2009
<u>Optional</u>	<u>Fee</u>	<u>Deadline</u>			
Medical Insurance Upgrade	\$65.00	May 1, 2009			
Personal Effects Coverage	\$90.00	May 1, 2009			

Checks should be made payable to "AIFS." You may use American Express, MasterCard or Visa. See application form. All students must submit the \$450 deposit with the completed application.

Please note: A \$35 returned check fee will be charged on all checks returned by the bank for insufficient funds.

## PROGRAM DATES

### Summer 2009

Friday, June 12, 2009	Depart U.S. for Paris, France.
Saturday, June 13, 2009	Arrive in Paris and transfer to Montpellier.
Saturday, July 11, 2009	End of program. Depart Montpellier.

**American Institute For Foreign Study  
Los Angeles Valley College  
Montpellier, France Program, Summer 2009**

**PHOTOS**  
Please attach 4 2" X 2" head shot photographs with your name and program on the back of each. Please do not send photocopies. They must be actual photographs.

**Instructions:**

1. Please type or print in black ink.
2. Provide proper payment information in Section C and, if enclosing a check, make it payable to the "American Institute For Foreign Study."
3. Be sure you have read the payment schedule and refund policy set forth in this application.
4. Be sure to read and sign the Agreement and Release form.
5. If your mailing address includes a P.O. Box or Route Box number, please be sure to give a street address where you can receive shipments/packages.
6. Attach a copy of the information page of your passport, or mail when received.

**PART A - PERSONAL DATA**

Name \_\_\_\_\_  Male  Female Telephone # (\_\_\_\_\_) \_\_\_\_\_  
(first and last names as they appear on your passport)

Home Address \_\_\_\_\_  
(Permanent)                      Number                      Street                      City                      State                      ZIP

E-Mail Address \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Citizen of \_\_\_\_\_  
mm/dd/yy (must be 18 by departure date)                      (Visas may be required for non-U.S. passport holders)

Passport No. \_\_\_\_\_ Date of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_ Issued by \_\_\_\_\_

Emergency contact while abroad \_\_\_\_\_ Emergency phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Emergency E-Mail Address \_\_\_\_\_ Relationship \_\_\_\_\_

**PART B – REGISTRATION INFORMATION**

The AIFS program fee is determined by your housing choice and excludes airfare and a refundable \$125 damage deposit that is due by the final payment deadline.

Please select the program options that apply to your enrollment.

**Optional Program Components:**

1. Please select your housing choice:
 

<input type="checkbox"/> Single University Dorm (\$3,300)	<input type="checkbox"/> Shared Studio (\$3,450)
<input type="checkbox"/> Single Studio (\$3,525)	<input type="checkbox"/> Host Family (\$3,850)
  
2. Insurance: Do you wish to purchase either of the following options:
 

<input type="checkbox"/> Medical Insurance Upgrade – \$65	
<input type="checkbox"/> Personal Effects Coverage – \$90	

**PART C – PAYMENT OPTIONS**

Deposit amount due is \$450. Your payment must accompany this application. Applications received without payment will not be processed. Return this form and payment to your university's program coordinator.

- Check one:  My check/money order is enclosed payable to "American Institute For Foreign Study" (AIFS), or  
 Bill my credit card for \$450, or  Bill my credit card for the entire program cost.

Note: AIFS cannot accept ATM/debit/check cards above your daily limit. If you are charging your fees to a credit card, please supply the following information:

Check one:  Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ Amount to be charged \$ \_\_\_\_\_

Signature \_\_\_\_\_ Cardholder's address \_\_\_\_\_

Phone \_\_\_\_\_ Name on card (if different from yours) \_\_\_\_\_

**PART D – ACADEMIC APPROVAL**

Signature of your college's program coordinator certifying your eligibility to apply: \_\_\_\_\_

Name (print) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## PART E – HEALTH AND HOUSING INFORMATION

Please complete the following questionnaire carefully. Your housing assignment will be made based on the information that you provide. All requests are taken into consideration.

Name \_\_\_\_\_ School \_\_\_\_\_ Term \_\_\_\_\_

### SHARED ACCOMMODATIONS

**Please note that specific housing preferences cannot be guaranteed.**

Do you smoke?  Yes  No Do you object to a roommate who smokes?  Yes  No

What time do you get up in the morning? \_\_\_\_\_ What time do you normally go to bed? \_\_\_\_\_

Do you consider yourself a quiet person?  Yes  No Where do you prefer to study?  room  library  elsewhere

Are you receiving any special medical treatment?  Yes  No If yes, specify: \_\_\_\_\_

Do you have any physical condition that prevents you from climbing stairs? If yes, specify: \_\_\_\_\_

Roommate preference (if known) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Do you have any special reason for requesting a single room? If so, please specify: \_\_\_\_\_

What type of music do you prefer? \_\_\_\_\_ Do you normally listen to music in your room?  Yes  No

Are there any hobbies or interests you would like to pursue while in France? \_\_\_\_\_

### SHARED HOMESTAY

**Please complete the following questions to assist the AIFS staff in finding a suitable host family for you.**

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Ages of brothers and sisters \_\_\_\_\_

Major \_\_\_\_\_ Year \_\_\_\_\_

Jobs done in the past \_\_\_\_\_

Do you smoke?  Yes  No Do you object to a roommate who smokes?  Yes  No

Would members of the host family who smoke elsewhere in the house/apartment bother you?  Yes  No

Roommate preference (if known) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Do you mind if there are children in the homestay?  Yes  No

Would you object to being placed with a single-person host?  Yes  No

Do you have any allergies to household pets?  Yes  No

If there are any more details about yourself that you think would help your host to get to know you better, please state below:

\_\_\_\_\_  
\_\_\_\_\_

## PART F – ADDITIONAL INFORMATION

Studying in another country requires considerable adaptability. This is part of both the challenge and the reward. Your willingness to answer these questions will assist the AIFS staff in providing you with a housing situation that is most likely to meet your needs. Please note that specific requests cannot be guaranteed.

Do you have any special dietary needs? \* If yes, please describe \_\_\_\_\_

Do you consider yourself a conservative or liberal person?  Conservative  Liberal

Do you have any allergies or chronic ailments?  Yes  No If yes, please describe \_\_\_\_\_

Are you presently under treatment for any mental or emotional matters?  Yes  No If yes, please describe \_\_\_\_\_

Are you presently taking any prescription medication on a regular basis?  Yes  No If yes, please list and state purpose \_\_\_\_\_

Studying abroad requires a great deal of physical mobility. Do you feel you are able to perform the essential functions of studying abroad with or without any special requirements? \* If you do have special requirements, describe the requirement you would need and how this would enable you to participate.

\_\_\_\_\_  
\_\_\_\_\_

*\* AIFS cannot guarantee to accommodate special requirements and requests.*

# Agreement and Release Form

I, the undersigned, an Applicant for an overseas study program of the American Institute For Foreign Study, Inc. (the "Institute"), acknowledge that I have read and accept the terms and conditions set forth in the AIFS application/brochure, which are incorporated in this agreement. This agreement is a legally binding contract. I acknowledge and accept the terms of the refund policy as outlined below:

If a participant withdraws in writing

On or before February 12, 2009

After February 12, 2009, but on or before March 13, 2009

After March 13, 2009, but on or before April 13, 2009

After April 13, 2009, but on or before May 13, 2009

After May 13, 2009

She/he receives

All fees paid less \$50 plus any non-refundable deposits paid either by the student or by AIFS on the student's behalf.

All fees paid less \$450 plus any non-refundable deposits paid either by the student or by AIFS on the student's behalf.

75% of the total program fee paid.

50% of the total program fee paid.

No refund, and student is responsible for entire program fee.

All requests for refund must be made in writing, signed, and addressed or faxed to: **Registrar, AIFS, Partnership Programs, College Division, River Plaza, 9 West Broad Street, Stamford, CT 06902; fax number (203) 399-5597. Unsigned withdrawal statements will not be processed.**

I unconditionally release the Institute from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation: Acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by any host family, bus or car rental agency, steamship, airline, railroad, taxi or tour service/organizer, hotel service, hotel, restaurant, school, university/college, or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Institute.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that the Institute cannot provide supervision or support during periods of independent travel.

I agree that if I become ill or incapacitated, the Institute or its emergency assistance company may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I release the Institute from any liability relating to this medical care. I also authorize the Institute to take whatever action it deems to be necessary and in my best interest (including transporting me out of the host country or back to the United States, at my own expense) in the event of political unrest or any other unforeseen event or condition. If the Institute incurs on my behalf any costs not covered by its general liability insurance, I agree to make immediate repayment upon my return.\*

I will comply with the Institute's rules, standards and instructions, and understand that failure to do so may result in being sent home at my expense, with no refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the Institute, in its sole discretion, determines that my conduct is incompatible with the interests, harmony, comfort or welfare of the other students. I agree to indemnify the Institute if I do anything that causes the Institute to sustain financial loss or liability.

I understand that the Institute provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death, personal effects and tuition refund insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the Institute is not responsible for any uninsured losses.

I understand that the Institute reserves the right to make changes, cancellations or substitutions in cases of changed conditions or emergency, or based upon the interest of the group. I understand if I am terminated from the program, there will be no refund of AIFS fees.

I understand that obtaining a passport and any other required travel documents is my sole responsibility, and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that if I am not a U.S. citizen, a visa may be required for entry to the countries I plan to visit (or transit through) while a participant on this program. I further understand that it is my sole responsibility to determine my visa requirements and obtain the appropriate visa(s), and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents and visas for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that from time to time the Institute's publicity material may include statements by its participants and/or their photographs, and I consent to such use of my comments and photographic likeness.

This agreement will be effective when my application is accepted by the Institute and shall be governed by the laws of the State of Connecticut. This agreement cannot be modified except in writing by the Institute.

I agree that any dispute with the Institute that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, I understand that I am giving up my right to have any claim against the Institute decided in Court before a judge or jury.

References in this agreement to "the Institute" shall include the American Institute For Foreign Study, Inc., and all of its agents, employees, affiliated companies, campus directors, chaperones, group leaders, teachers, host school and school officials.

If I am using financial aid to pay for all or part of my AIFS program fees, and if that aid is canceled or reduced by my institution or lending agency after I have embarked on the AIFS program, I am immediately responsible for full payment of all fees. Failure to make payment will result in my administrative withdrawal from the program.

Signature of Applicant

Date

Printed Name

\*A special substitute paragraph is available to members of the Christian Science faith.