A complete application is comprised of the following:

- Biographical and Academic Data Form
- Signature on application of your study-abroad adviser, dean, or registrar
- Study Plan (Knox Students only)
- 300-word essay written in Spanish
- Official copy of your transcript from each college/university attended
- Three academic references.

**Signature of Study Abroad Adviser/Dean**

**Knox students:** This should be signed by the Dean of Students.

**Non-Knox students:** This should be signed by the official at your college that approves off-campus study such as a dean, study abroad adviser, or registrar. It is designed to ensure that you are a student in good standing at your home school and that you have received permission to participate in the Knox program. It will also facilitate in the transfer of credit, which will be issued through a Knox College transcript.

**Study Plan (Knox students only)**

The Study Plan is for Knox students only and is intended to ensure that off-campus study will fit into the applicant’s educational plan. It must be signed by the student’s academic adviser.

**Essay**

In Spanish, please describe your Spanish academic and cultural experience thus far: when you began studying Spanish, courses taken, etc. In addition, please explain why you want to study in Barcelona and what you hope to gain from studying in Barcelona (and/or Buenos Aires). One essay will suffice for both programs.

**Academic References**

Two of the three references should be from language professors and the other one should be from your academic adviser or another faculty member who knows you well.

To be submitted to:

- Eleanor Stellyes Center for Global Studies
  Room 15, old jail
- Knox College Program in Barcelona and or Buenos Aires
  2 East South Street, K-156
  Galesburg, IL 61401
  Phone: 309-341-7323  Fax: 309-341-7606

**Fees**

There is no application fee.

**Deadlines**

Students applying for the **full year in Barcelona or fall and winter terms combined in Barcelona** need to submit applications no later than **January 20th**.

All other applications as follows:

Knox employs rolling admission until **April 1st for programs during the fall term** and **October 1 for programs during winter or spring terms**.

**Late applications**

Students applying after the deadlines must send the $300.00 deposit together with their application. The deposit will be refunded if the applicant is not accepted by Knox College.

**Review process**

When your complete application is received, it will be reviewed by the program directors at Knox. As soon as a decision is made, usually within two weeks of the completion of the application file, applicants will be notified by mail.

To ensure our being able to communicate with you by e-mail, please add both of the following addresses to your online address book: offcampus@knox.edu and sregiaco@knox.edu.

**Confirmation of Acceptance**

Your acceptance letter will contain a date by which you must submit a $300.00 deposit to confirm your spot in the program and a Program Acceptance form.

**Financial Aid**

**Knox students:** All financial aid you are currently receiving will be applied toward participation in this program.

**Non Knox students:** If you receive financial aid from your college or university, you should consult immediately with your financial aid office to find out what portion of your aid package will apply to your period of study abroad. If you apply for Federal or State financial aid, do not send any government or bank forms to be signed by Knox College. These can be signed by your degree-granting institution. Please consult with your college financial aid office for assistance.
KNOX COLLEGE PROGRAM IN BARCELONA AND/OR BUNEOS AIRES
APPLICATION

BIOGRAPHICAL AND ACADEMIC DATA FORM

Applying for academic year: ________________
Barcelona: ___Full year; ___Fall term; ___Winter term; ___Spring term (check all that apply)
Buenos Aires: ___Fall term only

Name as it appears on your passport: __________________________________________
(Last) (First) (Middle)
Gender: __F   __M  Birthdate: ___/___/______  Citizenship: _______  SSN: _______________________

Current College/University: ________________________________ Present class: ___F.Y. ___Soph.
___Jr. ___ Sr.
Your current campus address(or Knox campus box #) __________________________
City, State, Zip: __________________________ (This is the address we will use to contact you with
College email address: ____________________________________________ important program information)

Permanent (not College) address and phone: Please list your permanent address below giving
Street/City/State/Zip and country if other than US.

Permanent Home Phone: __________________________  Cell phone: __________________________

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<thead>
<tr>
<th>Parent/Guardian</th>
<th>Father</th>
<th>Mother</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Business Telephone, Cell phone</td>
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<td>E-mail</td>
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<tr>
<td>Address(if different from yours)</td>
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*If you have a preference as to which parent you would like us to contact first, please indicate with a star by their name.

Passport Information: (Please note that you must have a passport valid for 6 months after your intended return to the US before you can apply for a visa)

Current Passport number: ___________________________ Expiration date: ___/___/______
Is this a US passport? ___ If no, what is the issuing country? __________________ month day year
Have you ever been on academic or social probation: ___No ___Yes (Please explain on a separate sheet of paper.)
Do you have any physical conditions that may require accommodation? If so, explain: __________________________

Upon acceptance into the program, a medical certificate provided by the program must be completed, signed by a physician, and returned to the program.

Are there any special needs (medication, allergies, etc.) that the Director needs to be aware of? (Your response will be kept confidential.) __________________________
**Academic Information**

**Probable major:** ______________________________________________________

Cumulative GPA: ________  Last Semester GPA:__________

Spanish courses taken at the college level:
Buenos Aires students should also list college Social Science courses.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Grade</th>
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Supporting Materials Required (checklist):
- Attached study plan for Knox students only,
- 300-word essay in Spanish outlining your goals and preparation for this program,
- signature on this form,
- an official transcript,
- three letters of recommendation (two from language professors and one from your academic adviser or another faculty member who knows you well. The recommendations should address
  - your academic performance
  - character
  - ability to pursue a course of study abroad

Please list the names and email addresses of your recommenders:

Name: _____________________________ email:_________________________
Name: _____________________________ email:_________________________
Name: _____________________________ email:_________________________

YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL SIGNED/SUPPORTING MATERIALS HAVE BEEN RECEIVED.

Applicant signature:__________________________ Date:__________________

Home College/University Approval Name and Signature: signature of Dean, Study Abroad Officer, or other College official approving this application and stipulating to the fact that the student is not on academic or social probation.

Printed name ____________________________ Title ____________________________

Signature ____________________________ Date ____________________________

Mail or submit application and recommendations to:
Knox College Program in Barcelona and Buenos Aires
2 East South Street
K-156
Galesburg, IL. 61401
For Knox Students Only

STUDY PLAN (page 1 of 2)
(To be signed by faculty adviser)

Student name: ___________________________ Graduation year: ______________

Off-Campus program: ___________________________ Program adviser ___________________________

Length of Program: _____ Year or _______ Fall _______ Winter _______ Spring

I. Credits

a. How many credits will you have completed prior to your off-campus study program? ______________

b. How many credits do you expect to earn through your off-campus study program?

Circle one:  3  4.5 (semester program)  6  9 (year)  Other ______  Please explain

c. Assuming that you earn this number of credits (b), how many credits will you have left to complete for graduation from Knox College (minimum 36 required)? ___________________________

d. How many terms will you have left at Knox College after you return from your off-campus study program?

____________________________________

e. Can the number of credits indicated (c) be completed in the number of terms indicated (d)? (Assume a standard load of 3 credits per term.)

_____ Yes  _____ No

If your answer to (e) is “No”, please detail on a separate sheet your plan for completion of your degree.

II. Educational Plan Outline

In order to ensure that off-campus study is undertaken with due consideration to College graduation requirements, you must complete this basic outline of your Educational Plan. A complete Educational Plan is required normally by the end of your sophomore year. If however, your application for off-campus study is approved, this outline will constitute a completed educational plan. Complete the form below, discuss it with your academic adviser, and request your adviser’s signature below.

Program Requirements/Relevant Coursework

Please list completed prerequisites (courses) for your program and all other completed coursework relevant to your preparation for your proposed off-campus study program:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

List relevant program coursework you expect to complete prior to your departure:

____________________________________________________________________________________

____________________________________________________________________________________

List Foundations courses completed or yet to be completed with the proposed date of completion:

____________________________________________________________________________________
Specialization (proposed major): ____________________________________________

Second specialization (second major or minor): ________________________________

List major courses left to complete with proposed dates of completion:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you expect to complete any courses toward your specialization during your off-campus program?

_____ Yes     _____ No

If yes, which ones?

________________________________________________________________________
________________________________________________________________________

Key Competencies

Have you completed the Foreign Language Key Competency? _____
If not, when do you plan to complete it and with which language?

Have you completed the Quantitative Literacy Key Competency? _____
If not, when do you plan to complete it?

I have reviewed this applicant’s Educational Plan Outline and Off-Campus Study Plan. I believe they present a good statement of the relevance of the proposed off-campus program for the applicant’s academic goals. (Please make additional comments if you wish.)

________________________________________________________________________

(Printed name of academic adviser)

________________________________________________________________________

(Signature of academic adviser)

Note to adviser: If this student has not already done so, please print a copy of the student’s Degree Audit PDF and attach it to this document.
Recommendation for

(Please comment on the applicant's ability and achievement, dependability, personality, emotional stability and potential for successful adjustment to life and study in Spain.)

Date

Signature

Position

Name printed or typed

College or University

Send to:
Campus Director
Knox College Program in Barcelona and/or Buenos Aires
Knox College Box 156
Galesburg, IL 61401
Phone: (309) 341-7323
Fax: (309) 341-7606
Recommendation for

(Please comment on the applicant's ability and achievement, dependability, personality, emotional stability and potential for successful adjustment to life and study in Spain.)

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____________________________________________________

Date                                                   Signature

____________________________________________________

Position                                               Name printed or typed

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