CHECKLIST FOR EXCHANGE PROGRAMS

*You must have a minimum GPA of 3.0 at the time of your application. You must have at least 60 credits at the end of the semester in which you are applying.

Submit ALL of the following items together by your program’s deadline:

□ 1-2 page statement of purpose stating why you want to participate in the program.
□ Resume.
□ Printed copy of your unofficial transcript from your CUNYfirst account.
□ Copy of the photo page of your passport.
□ Completed application for the exchange program to which you are applying. The applications can be found at: www.hunter.cuny.edu/educationabroad/programs/semester-long-exchange-programs
□ Two reference letters, out of which at least one must be academic (i.e. from a professor); academic letters must be from someone who has instructed you at the college level. One letter can be from someone who knows you well from work experience (i.e. job, internship, volunteering); this letter should speak to your adaptability, reliability, and ability to take full advantage of the abroad experience.

(Note: Applicants to the exchange with Meiji Gakuin University should refer to MGU’s application instructions for further specifications to the above requirements.)

Application Deadlines: Please visit www.hunter.cuny.edu/educationabroad/programs/semester-long-exchange-programs for upcoming fall and spring application deadlines.

Hunter offers 7 exchange programs: Deakin University (Australia); Meiji Gakuin University (Japan—Yokohama); Meijo University (Japan—Nagoya); Queen Mary, University of London (U.K.); Universidad Nebrija (Spain—Madrid); Universidad de Las Palmas de Gran Canaria (Spain—Canary Islands); and University of Amsterdam (The Netherlands). Note that deadlines vary for these 7 programs and change each semester.

*Hunter students going to any of these partner universities as exchange students pay Hunter tuition and may continue to receive the financial aid for which they are eligible while studying on campus. (Students who receive Pell may also be eligible for the Benjamin Gilman Scholarship).

*Students are responsible for costs of student visas, housing, books, living expenses and courses that are not included in the regular semester offerings at the host schools.

*Students are responsible for contacting their chosen country’s consular offices in the U.S to secure their student visas.

*No special majors are required, but applicants should consult their advisors regarding courses they should be taking while abroad.

*HUNTER/Exchanges are highly competitive and very limited in space.

You may hand in all documents before the application deadline but we do not give preference to early applicants. Good luck!

Education Abroad, Hunter College, E 1447
M-F 9:30am-5:30pm

For more information on exchange programs, please visit our website: www.hunter.cuny.edu/educationabroad
Each programme consists of regular degree courses taken alongside Spanish students (see programme designations below).

- Minimum level of Spanish (B2) required to take classes taught in Spanish. A pre-admission placement test from the Universidad Nebrija is available.
- If a student wishes to take classes taught in English, the home university should make sure the student has a minimum level of B2 in English.
- Students will choose courses from only one programme, which will take place entirely on one campus (La Berzosa, Dehesa de la Villa Campus or San Rafael-Nebrija, depending on the area of study).

### INTEGRATED PROGRAMMES WITH SPANISH STUDENTS (PI)

Each programme consists of regular degree courses taken alongside Spanish students (see programme designations below).

- Minimum level of Spanish (B2) required to take classes taught in Spanish. A pre-admission placement test from the Universidad Nebrija is available.
- If a student wishes to take classes taught in English, the home university should make sure the student has a minimum level of B2 in English.
- Students will choose courses from only one programme, which will take place entirely on one campus (La Berzosa, Dehesa de la Villa Campus or San Rafael-Nebrija, depending on the area of study).

<table>
<thead>
<tr>
<th>PROGRAMME TITLE</th>
<th>Abbreviation</th>
<th>Students may select courses from the following areas:</th>
<th>Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Programme: Social Sciences</td>
<td>PICS</td>
<td>• Business Administration</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Social Sciences</td>
<td>PICS</td>
<td>• Law</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Social Sciences</td>
<td>PICS</td>
<td>• International Relations</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Social Sciences</td>
<td>PICS</td>
<td>• Tourism</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Social Sciences</td>
<td>PICS</td>
<td>• Business Administration</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Communication Sciences</td>
<td>PICC</td>
<td>• Audiovisual Communication</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Communication Sciences</td>
<td>PICC</td>
<td>• Journalism</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Communication Sciences</td>
<td>PICC</td>
<td>• Advertising and Public Relations</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Communication Sciences</td>
<td>PICC</td>
<td>• Performing Arts</td>
<td>La Berzosa</td>
</tr>
<tr>
<td>Integrated Programme: Polytechnic School</td>
<td>PIEPS</td>
<td>• Engineering</td>
<td>Dehesa de la Villa</td>
</tr>
<tr>
<td>Integrated Programme: Polytechnic School</td>
<td>PIEPS</td>
<td>• Industrial Design</td>
<td>Dehesa de la Villa</td>
</tr>
<tr>
<td>Integrated Programme: Polytechnic School</td>
<td>PIEPS</td>
<td>• Architecture</td>
<td>Dehesa de la Villa</td>
</tr>
<tr>
<td>Integrated Programme: Polytechnic School</td>
<td>PIEPS</td>
<td>• Fine Arts</td>
<td>Dehesa de la Villa</td>
</tr>
<tr>
<td>Integrated Programme: Arts and Letters</td>
<td>PIAL</td>
<td>• Modern Languages</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Arts and Letters</td>
<td>PIAL</td>
<td>• Primary Education</td>
<td>Madrid-Princesa</td>
</tr>
<tr>
<td>Integrated Programme: Arts and Letters</td>
<td>PIAL</td>
<td>• Early Childhood Education</td>
<td>Madrid-Princesa</td>
</tr>
</tbody>
</table>

### HISPANIC STUDIES PROGRAMME (PEH)

This programme consists of Language, Conversation, Culture and Literature courses offered at all levels, from absolute beginners to heritage speakers. This programme takes place on the Madrid-Princesa Campus.

No previous Spanish language level requirement.

**NOTE:** Any student may enrol in an optional Preparatory Course (Spanish Language and Culture) taught in September and January for an additional fee.

---

**International Programmes Office**

www.nebrija.com
incoming@nebrija.es

**ADMISSION OFFICE**

MADRID-PRINCESA CAMPUS • C/ Sta. Cruz de Marcenado, 27 • 28015 Madrid • +34 91 452 11 03
LA BERZOSA CAMPUS • 28240 Hoyo de Manzanares (Madrid) • +34 91 452 11 01
DEHESA DE LA VILLA CAMPUS • C/ Pirineos, 55 • 28040 Madrid • +34 91 452 11 00
SAN RAFAEL-NEBRIJA CAMPUS • Pº de La Habana, 70 bis • 28036 Madrid • +34 91 564 18 68
APPLICATION FORM

DEADLINES:
- First semester (Autumn) or entire academic year: June 1.
- Second semester (Spring): October 15.

DEADLINE: March 1, 2019

Please return completed application, including health forms, to Hunter College Office of Education Abroad

<table>
<thead>
<tr>
<th>A PERSONAL DATA</th>
<th>(please complete in capital letters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Surname</td>
</tr>
<tr>
<td>Permanent Address</td>
<td></td>
</tr>
<tr>
<td>Postal Code</td>
<td>City</td>
</tr>
<tr>
<td>Province/State</td>
<td>Country</td>
</tr>
<tr>
<td>E-mail</td>
<td>Telephone/mobile</td>
</tr>
<tr>
<td>Nationality</td>
<td>Date of birth</td>
</tr>
<tr>
<td>ID / Passport</td>
<td></td>
</tr>
<tr>
<td>Emergency Contact (name and phone)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B ACADEMIC INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>University where you are currently enrolled</td>
</tr>
<tr>
<td>Degree programme you are studying</td>
</tr>
</tbody>
</table>

LENGTH OF STAY
- First semester (Autumn) ☑
- Second semester (Spring) ☐
- Full academic year ☐

ESTIMATED LEVEL OF SPANISH
- Beginner ☐
- Intermediate 1 ☐
- Intermediate 2 ☐
- Advanced ☐
- Native speaker ☐
CHOICE ONLY ONE

- **PICS: Integrated Programme: Social Sciences**
  - Madrid-Princesa Campus: Business Administration, Law, International Relations, Tourism.

- **PICC: Integrated Programme: Communication Sciences**
  - Madrid-Princesa Campus / La Berzosa Campus: Audiovisual Communication, Journalism, Advertising and Public Relations.
  - La Berzosa Campus: Performing Arts.

- **PIEPS: Integrated Programme: Polytechnic School**

- **PIAL: Integrated Programme: Arts and Letters**
  - Madrid-Princesa Campus: Translation, Modern Languages, Bilingual Primary Education, Bilingual Early Childhood Education.

- **PEH: Hispanic Studies Programme**
  - Madrid-Princesa Campus: Spanish Language and Culture Studies.

**PROVISIONAL COURSE SELECTION**

All programmes include either 4 or 5 courses each semester. Please fill out this provisional course selection with 8 possible classes approved by your home university in order of preference. Remember that you may only choose from courses within the same programme. You will formalise your registration when you arrive at the University.

<table>
<thead>
<tr>
<th>COURSE CODE</th>
<th>COURSE NAME</th>
<th>COURSE CODE</th>
<th>COURSE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OPTIONAL: PREPARATORY COURSE (SPANISH LANGUAGE AND CULTURE)**

- **September**: 2 weeks, 6 ECTS credits, 325€
- **January**: 4 weeks, 12 ECTS credits, 610€
- I do not wish to take a Preparatory Course

**REQUEST FOR HOUSING INFORMATION**

I would like to receive information on the following types of housing options:

- Full board homestay with a Spanish family: 950€ / month, first month to be paid in advance
- Half board homestay with a Spanish family: 810€ / month, first month to be paid in advance
- Student residence hall: For more information, please write residencias@nebrija.es
- Renting a room, studio apartment or flat
- I do not need housing information

Please note: Prices listed for the preparatory course and housing are estimates and are subject to change.

- Estimated dates of arrival and departures:
  - Date of arrival
  - Date of departure
informado previamente de todo lo previsto en el artículo 14 del Reglamento General de Protección de Datos. En caso de que se hayan facilitado los datos personales de un tercero, es la exclusiva responsabilidad de quien lo haga... previamente el consentimiento de esa persona para que sus datos sean tratados por UNIVERSIDAD NEBRIJA, debiendo haberle... la Agencia Española de Protección de Datos.

Tiene derecho a solicitar el acceso a sus datos personales, su rectificación o supresión, así como a la limitación de su tratamiento, a su portabilidad. Ante cualquier eventual violación de sus derechos, puede presentar una reclamación ante... académica-contractual mantenida con el interesado, debido a que dicha universidad debe controlar los programas realizados por sus alumnos.

La cesión puede implicar una transferencia internacional de... país donde se encuentre la universidad de origen, la cual resulta necesaria para el correcto desarrollo de la relación... correcto control de los programas realizados por el alumno. Esta cesión puede implicar una transferencia internacional de... datos serán cedidos a las Administración Públicas en los casos previstos en la Ley y para las finalidades en... financieras para la gestión de cobros. Asimismo, los datos podrán ser cedidos a la universidad de origen para el... cada comunicación que se remita. Los datos podrán ser utilizados para remitir información, por medios electrónicos, de los servicios, ofertas y eventos desarrollados por la universidad. Para esta finalidad, los datos se tratarán sobre la base de su consentimiento, no siendo obligatorio que nos facilite sus datos con esta finalidad, no pudiendo ser destinatario, en este caso, de la información relativa al alojamiento ofrecida por esta entidad. Puede retirar el consentimiento en cualquier momento, si bien ello no afectará a la licitud de los tratamientos efectuados con anterioridad. En el supuesto de que contrate el alojamiento, sus datos serán tratados sobre la base de la relación contractual mantenida y con la finalidad de gestionar el mismo. En este caso, es obligatorio que se faciliten los datos personales, siendo imposible la gestión del alojamiento en caso contrario.

Los datos serán conservados hasta que finalice el proceso de admisión y, en caso de ser admitido, hasta que finalice el... y, aún después, hasta que prescriban las eventuales responsabilidades que se pudieran derivar del mismo y durante todo el... en cualquier momento, si bien ello no afectará a la licitud de los tratamientos efectuados con anterioridad.

De conformidad con lo previsto en el Reglamento General de Protección de Datos, se informa de que los datos facilitados serán tratados por UNIVERSITAS NEBRISSENSIS, S.A. (en adelante, UNIVERSIDAD NEBRIJA), con domicilio en Hoyo de Manzanares, Campus de la Berzosa, 28240- Madrid, teléfono nº 914521101 y correo electrónico informa@nebrija.es. Los datos personales se tratarán para tramitar las solicitudes de admisión y sus respuestas a las mismas, del mismo modo, en caso de que tramite la inscripción en el programa solicitado, prestar los servicios educativos correspondientes al programa y gestionar cualquier actividad atrapada al mismo. El tratamiento de los datos es necesario para la correcta gestión de los programas ofrecidos por UNIVERSIDAD NEBRIJA y solicitados por el interesado, siendo esta prestación de servicios la base de dicho tratamiento, por lo que es obligatorio que se faciliten los datos personales, siendo imposible la inscripción en el programa correspondiente en caso contrario. En el supuesto de que se solicite... en cualquier momento, si bien ello no afectará a la licitud de los tratamientos efectuados con anterioridad.

I certify that all the information that I have included (in this form and in accompanying documents) is true and accurate. I understand that any falsehood regarding academic information will result in my immediate expulsion from Universidad Nebrija. I also know and accept the rules and the academic system of Universidad Nebrija, as well as the fees and their method of payment.

Signed:

If making a payment, the necessary credit card information (see above) or proof of bank transfer.

PAYMENT BY BANK TRANSFER

UNIVERSIDAD ANTONIO DE NEBRIJA
Banca Santander Central Hispano
Acct. number (IBAN): ES69 0049 1803 5321 1043 4135
BIC: BSCHESMM
Address: Paseo de la Castellana, 140
28046 Madrid (Spain)
HEALTH INFORMATION QUESTIONNAIRE

NAME ________________________ BIRTH DATE ____________ SEX_____
PROGRAM_____________________________________

The purpose of this form is to help HUNTER COLLEGE to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. 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. HUNTER COLLEGE may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program. Please note: the nondisclosure of a physical or medical condition may affect our ability to provide information relevant to your specific needs abroad.

MEDICAL HISTORY

1. Are you generally in good physical condition? (If no, please explain.) Yes___ No___

2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.) Yes___ No___

3. Do you have any allergies to drugs or foods? (If yes, please list ALL) Yes___ No___

4. Are you taking any medications? (If yes, please list ALL medications.) 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 a vegetarian or are you on a restricted diet? (If yes, please explain.) Yes___ No___

7. When was your last tetanus shot? ____________

8. Is there any additional information (concerning medical conditions or mental, learning, or physical disabilities) that would require accommodation or be helpful for the program director to be aware of during your study abroad experience? (If yes, please explain.) Yes___ No___

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

I certify that all responses made on this Health Information Questionnaire are true and accurate, and I will notify HUNTER COLLEGE hereafter of any relevant changes in my health that may occur prior to the start of the program. I further understand that, in the event of an emergency abroad, HUNTER COLLEGE reserves the right to notify my parent(s), guardian, spouse, or designated agent (if not a minor.)

____________________________________________________________________________
SIGNATURE OF PARTICIPANT DATE

____________________________________________________________________________
SIGNATURE OF PHYSICIAN DATE
PHYSICIAN’S STATEMENT

TO THE APPLICANT: Please authorize by your signature below the release of any medical information that may be relevant in the opinion of your physician to your participation in the study abroad program.

____________________________________________________________________________
Your name                                    Program name and location

Application for: Spring 20__  Fall 20__  Summer 20__  Intersession 20__  Academic Year 20__ - 20__

____________________________________________________________________________
Length of term away

____________________________________________________________________________
Signature                                    Date

TO THE PHYSICIAN: Please indicate if the student named above has a history of chronic or disabling physical conditions; any allergies which may require either continuing or emergency treatment; any special dietary problem; or any other physical or emotional condition which might affect his/her well-being or that of fellow students while living or traveling outside the United States for an extended time. Please list the generic names for any prescription medicine the student requires which may not be readily obtainable abroad.

Physician’s Name (print): ________________________________

Address: _________________________________________________

Signature: ______________________  Date: _________________________________

A DOCTOR’S STAMP AND/OR LICENSE # IS REQUIRED

NOTE: An extension may be provided for submission of physician’s forms if necessary. Please hand in the rest of the application as soon as possible.
Health Care Proxy Form Instructions

**Item (1)**
Write the name, home address and telephone number of the person you are selecting as your agent.

**Item (2)**
If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

**Item (3)**
Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

**Item (4)**
If you have special instructions for your agent, write them here. Also, if you wish to limit your agent’s authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: *I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.*

If you wish to make more specific instructions, you could say:

*If I become terminally ill, I do/don’t want to receive the following types of treatments:....*

*If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don’t want the following types of treatments:....*

*If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don’t want the following types of treatments:....*

*I have discussed with my agent my wishes about________________ and I want my agent to make all decisions about these measures.*

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

**Item (5)**
You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

**Item (6)**
You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent’s authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor’s death, or any other legally authorized person.

**Item (7)**
Two witnesses 18 years of age or older must sign this Health Care Proxy form. The person who is appointed your agent or alternate agent cannot sign as a witness.
Health Care Proxy

(1) I, ________________________________________________________________

(name, home address and telephone number)

hereby appoint ________________________________________________________________

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that
I state otherwise. This proxy shall take effect only when and if I become unable to make my own
health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby
appoint ________________________________________________________________

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that
I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this
proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the
date or conditions here.) This proxy shall expire (specify date or conditions):

(4) Optional: I direct my health care agent to make health care decisions according to my wishes
and limitations, as he or she knows or as stated below. (If you want to limit your agent’s
authority to make health care decisions for you or to give specific instructions, you may state
your wishes or limitations here.) I direct my health care agent to make health care decisions in
accordance with the following limitations and/or instructions (attach additional pages as
necessary):

In order for your agent to make health care decisions for you about artificial nutrition and
hydration (nourishment and water provided by feeding tube and intravenous line), your agent
must reasonably know your wishes. You can either tell your agent what your wishes are or
include them in this section. See instructions for sample language that you could use if you
choose to include your wishes on this form, including your wishes about artificial nutrition and
hydration.

(5) Your Identification (please print)

Your Name

Your Signature_______________________________________________ Date _________________

Your Address_____________________________________________________________________
(6) Optional: Organ and/or Tissue Donation
I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)
■ Any needed organs and/or tissues
■ The following organs and/or tissues
_________________________________________________________________________________
_________________________________________________________________________________

■ Limitations
If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.
Your Signature_______________________________________________
Date________________________________________________________

(7) Statement by Witnesses (Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)
I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Name of Witness 1 (print)_______________________________________________
Address_____________________________________________________________________
___________________________________________________________________________
Signature_________________________________________ Date______________________

Name of Witness 2 (print)_______________________________________________
Address_____________________________________________________________________
___________________________________________________________________________
Signature_________________________________________ Date______________________

State of New York
Department of Health 1430 4/08