



Centro Fray Luis de León
at the Piccola Università Italiana



June 18 – July 20, 2016
Tropea, Calabria, Italy



The PUI is a language school officially recognized by the Italian Ministry of Education, Universities, and Research. Tropea, in the “boot” of Southern Italy, has been described as the “Pearl of Calabria.”

Deadline for Application and Deposits: March 1, 2016.
(You may inquire after this date for possible openings.)

We look forward to hearing from you. Do not hesitate to contact us for more information and an application.

Dr. Alberto Ferreiro, Director & Founder, Centro Fray Luis de León: beto@spu.edu
Jan Vallone, JD, MAT, MFA, On-Site Program Director in Tropea: janvallone@comcast.net
GOOGLE: [Centro Fray Luis de Leon](#), for more information

***2016 BASE FEE: \$3,800.00 includes:**

1. Centro-PUI tuition and books for all classes.
2. PUI lodging in fully furnished double or triple occupancy apartments; for a single there is an additional fee.
3. Italian language classes and cultural activities, all in Italian: 4 hours of daily language classes (total of 80 hours), plus biweekly review sessions (total of 10 hours), plus excursions and cultural activities in Italian (total 60 hours) = total of 150 contact hours.
4. Excursions and cultural activities: city tour of Tropea; visit to Reggio Calabria's museum, centro and cathedral; visit to Stromboli island and volcano; visit to a local Calabrian winery; cooking class; Italian movies; visit to Greek and Roman archeological sites (Locri and Villa Romana) and a medieval city (Gerace); visit to Pompeii and the Amalfi coast (overnight accommodation in double rooms at a 4-star-hotel with dinner upon arrival and breakfast); farewell group dinner with Italian music; departure transfer to Rome, plus 2 nights accommodation in Rome and a Roman walking tour. Transport and museum fees included.
5. Ground transport upon arrival from Lamezia Terme to Tropea.
6. Health insurance with 24/7 coverage—all days inclusive of the program (excludes orthodontics and prescriptions, unless administered in a hospital).
7. A Certificate of Achievement from the PUI.

***The BASE FEE does not include:**

1. **Study abroad fees** for each student's university (if any).
2. **A food allowance** of approximately \$400.00 to \$600.00 for the duration of the 4 weeks. This figure is based upon a 20-to-30-Euro-a-day budget for eating out. Students, however, can cook their own meals in the fully furnished kitchens (and most do). Market food is very inexpensive.
3. **The cost of university credit.** For university credit, add \$100.00 per quarter credit to the fee. Students may request a minimum 10 to a maximum 15 quarter credits, or no credits at all, depending on academic needs. Students must, however, participate in all program classes and activities no matter how many credits they request. If a student requests university credit, a university academic transcript will be issued by George Fox University, Newberg, Oregon.
4. **Airfare from the U.S. to Rome and from Rome to Lamezia Terme.** You may use our travel agent, Sandy Dubois, to make all arrangements. Contact her at sandy.dubois@travellleaders.com. You do not need to fly out of Seattle (the Centro's home base).

***Price is subject to change depending on the Euro-Dollar exchange at the time of final payment.**



CENTRO *Fray Luis de León*
AT THE PICCOLA UNIVERSITÀ ITALIANA

18 June – 20 July

2016

APPLICATION

Centro Fray Luis de León/ Piccola Università Italiana

BASIC APPLICATION GUIDELINES And SUPPORTING MATERIALS

1. Enclose deposit of \$300.00 made out to Centro Fray Luis de León with application
2. A photocopy of your passport
3. E-mail addresses **two faculty** if taking classes for university credit. **WE WILL CONTACT THEM DIRECTLY**
4. Two passport size photos for ID cards. Your face must be clearly visible
5. Official Transcript: If a university student
6. Overall GAP of 3.0 or above
7. Students need to check with their institution about their rules and regulations for going on a program not sponsored by your home university.
8. Fill out and return the **CONTRACT** that is enclosed with this packet with your application. At our first orientation we will go over it carefully.
9. Need name, e-mail address, and phone of contact person in case of an emergency.

Summer 2016

Centro Fray Luis de León/Piccola Università Italiana

Return to:
Dr. Alberto Ferreiro
Seattle Pacific University
Department of History
Seattle, WA 98119

All information must be supplied and completed by the applicant except where otherwise indicate. Applications are complete when the following information has been received:

- Completed application form with deposit
- Two passport-size photographs
- Official transcript** of applicant's college grades, if seeking college credit
- **E-mail address** of two professors if you are a university student- **WE WILL CONTACT THEM DIRECTLY**

SECTION 1 (To be completed by the applicant) Summer Session 2016

Name: _____ Male___ Female___ (please
print) Last First Middle

Birthdate: _____ Citizenship

Name of Parent or Legal Guardian:

Last First Middle

Home Address:

Street number

city

State

ZIP code

Phone Number: ()

E-Mail address

Present

street number

Mailing

city

state

Address:

ZIP code

Phone Number: ()

College or University Address:

street number

city

state

ZIP code

Major: _____ G.P.A. _____ Present status:

e.g. Junior/Senior/Graduate

Statement of Purpose by the Applicant

In the section below please write a brief autobiographical sketch and explain your reasons for wishing to study on this program. (Append an additional page if necessary.) In addition, I want you to also address the following areas.

1. What is your favorite type of music?

2. What artistic and artists styles do you like?

3. What hobbies do you have?

4. Who are your favorite authors?

TRAVEL: (ANSWER ALL QUESTIONS)

Will depart from Seattle ___

Will join you in Tropea ___

Will stay in Europe longer ___

Will come back at the end of the Program ___

HOUSING:

I want a single room ___ (Limited) **NOTE: There is an extra charge for single rooms**

I want a double room ___

LANGUAGE COURSES

Will enroll at the beginning level ___

Will enroll at the intermediate level ___

Will enroll at the advanced level ___

Will enroll at the 4000 level or higher ___

Centro Fray Luis de León at the Piccola Università Italiana

18 June – 20 July, 2016

The Centro Fray Luis de León through the Piccola Università Italiana language program offers individuals the opportunity to participate in an in-Residence Program in Tropea, Italy. I, _____, voluntarily plan to participate in the Centro de Fray Luis de León's 2016 PROGRAM at the Piccola Università Italiana, from 18 June to 20 July. This release of Liability and Agreement is made for the benefit of the Piccola Università Italiana (hereafter PUI) and the Centro Fray Luis de León (hereafter CFLL). I understand that the execution and delivery of this Release is a condition precedent to me being allowed to participate in the PROGRAM.

I acknowledge that I have read and understood the following statements and agree that:

Initial _____ there are certain risks associated with international and domestic travel and residence in an off-campus community that may cause personal injury or loss of life. These risks may include, without limitation: exposure to potentially serious health and safety hazards, personal injury or loss of life from transportation accidents; personal injury or loss of life from storms, floods, earthquakes, and other natural disasters; personal injury or loss of life from infectious diseases, inadequate medical care, remote access to medical treatment; personal injury or loss of life from armed insurrections, and terrorist activities;

Initial _____ PUI and its staff and the CFLL cannot control risks and are not in a position to guarantee my personal health or safety during my participation in the PROGRAM;

Initial _____ Prior to participation in the PROGRAM, I will consult with a health care practitioner of my choice in order to become familiar with Biomedical Hazards and other risks to my personal health that may be encountered in the location(s) of the PROGRAM, and to obtain the appropriate means of Medical Prevention or mitigation to my personal health;

Initial _____ I am responsible to have taken the prescribed shots and will carry with me certain prescribed medicines to protect me from various identified diseases and other elements detrimental to my personal health;

Initial _____ I will exercise reasonable and /or recommended precautions with respect to food, drink, personal hygiene, personal conduct, and exposure to known disease factors. I further agree to follow the health guidelines which I received before or while participating in the PROGRAM;

Initial _____ I grant PUI and CFLL full authority to take whatever action they feel is warranted under the circumstances regarding my physical and mental health and safety,

including placing me, if I am unconscious, in a hospital at any point for medical services and treatment, or if no hospital is available, to place me in the hands at any point for medical services and treatment, or if no hospital is available, to place me in the hands of a local health care provider for treatment. PUI and CFLL are further authorized to return me to the United States for medical treatment if necessary;

Initial _____ I agree to check with my health care provider in the USA about health care coverage and procedures for reimbursements for any medical bills not possibly covered by the CMI insurance;

Initial _____ I have been given information about the health care coverage plan CMI from the CFLL;

Initial _____ I am aware that my behavior can reflect, for better or worse, upon U of S. Throughout the experience I will behave in a manner consistent with the rules and regulations of the PUI, of which I have received a copy. In the event that the PROGRAM CFLL or the PUI, in their exclusive discretion, should determine that my conduct or academic performance is detrimental to the PROGRAM or to other participants, the CFLL and the PUI may terminate my participation in this PROGRAM. If my participation is terminated in this way, it will be my responsibility to make any return travel arrangements myself, at my own expense.

Initial _____ I understand and agree that I am responsible to have sufficient funds available: for 1) maintenance while participating in the PROGRAM, 2) restoration of any Loss, and 3) my return transportation if I choose to voluntarily leave the PROGRAM early;

Initial _____ I understand that no refund will be granted to me if I am expelled from the PROGRAM, or voluntarily leave the PROGRAM early;

Initial _____ I understand that if I withdraw from the PROGRAM at any time, before or during, that certain costs will not be refundable as determined by the PUI and the CFLL. Also, that I will have to deal directly with the airline and is not the responsibility of the PUI or the CFLL.

Initial _____ I understand that if I participate in any non-University activities that I alone am responsible for my safety and the PUI and the CFLL are not responsible for any harm that may come upon me, and it may result in my expulsion from the PROGRAM;

Initial _____ I understand that it is not permitted of me to take part in any excursions at any time that are not sponsored and led either by the PUI or the CFLL. A violation of this rule may result in expulsion from the PROGRAM;

Initial _____ I understand all services and accommodations I receive while off-campus are subject to the laws of the location in which they are provided;

Initial _____ Should I have or develop legal problems while on the PROGRAM, I will attend to the matter with my own personal funds. PUI and the CFLL are not responsible for providing any assistance under such circumstances.

- Initial _____ If I become detached from the PROGRAM group, fail to meet a scheduled departure arrangement, or become ill or injured, I will bear all responsibility and costs to seek out, contact, and reach the group at its next available destination;
- Initial _____ I am responsible for my belongings, PUI and the CFLL are not responsible for PROGRAM member's possessions that are lost, stolen, or damaged while participating in the PROGRAM;
- Initial _____ I am responsible for my own well being. PUI and the CFLL does not intend to monitor or control the decisions, choices, and activities of my own, other participants in the PROGRAM, or of those providing services to PROGRAM participants;
- Initial _____ I understand that terrorist acts occur at random and are unpredictable. I acknowledge that I must be aware of my surroundings, and that assistance from law enforcement in certain situations may not happen quickly. I shall be conscious to avoid situations or areas that maybe designated as 'unsafe' by the U.S. Department or other governments;
- Initial _____ I have read and understood the material provided to me by the PUI and the CFLL with respect to the PROGRAM and accept the terms thereof;
- Initial _____ I understand I am required to attend all scheduled PROGRAM meetings prior to leaving on the PROGRAM. Failure to attend any scheduled PROGRAM meeting will result in termination of my participation in the PROGRAM;
- Initial _____ I grant PUI and the CFLL permission to reproduce in their campus yearbooks, catalogs or other advertising or promotional materials any photographs, movies, or sound recordings of me taken while I am participating in the PROGRAM, and also any written statements I may make concerning the PROGRAM;
- Initial _____ I understand that it is my responsibility to meet with my academic advisor and fill out the 'Application for Approval to Study Abroad' as required by my university or college for granting of equivalency of credit BEFORE participating in the PROGRAM. The PUI and the CFLL cannot be held responsible for failure of the applicant to execute this procedure which may result in receiving no credit at all from the home institution of the student;
- Initial _____ I agree to fulfill all requirements expected of me by the Piccola Università Italiana.
- Initial _____ I understand beginning July 20, 2016, I am responsible for my personal travel arrangements and related activities;
- Initial _____ I agree that this agreement is meant to be as broad and inclusive as permitted by, and will be construed under, Washington law, and that of King County, Washington, USA will serve as the venue for any legal proceedings incident to the PROGRAM. The terms of this agreement are severable, such that if a court of law holds any term to be illegal, unenforceable, or in conflict with law, the validity of the remaining portions will not be affected. This agreement supersedes any earlier written or oral understandings or agreements between PUI and the CFLL and Participant;

Initial _____ In spite of these risks, I willingly participate in the PROGRAM and do not hold the PUI, the CFLL, or any hired organization or individuals responsible for my well being while participating. I assume all risk, dangers, and hazards that may arise from participating.

Initial _____ CFLL and the PUI reserve the right to raise the price of the program if fluctuation of currency exchanges and or any other fees unexpectedly increase up to the time when final payment is due.

NOW THEREFORE, in consideration of the privilege to participate extended to me by the Piccola Università Italiana , through its officers, agents, servants and employees, I do hereby, for myself my heirs, executor and /or administrator, successors, assigns or my agents, remise, release and forever discharge the Piccola Università Italiana and the CFLL and all of its officers, agents, servants, employees, and all other persons, firms corporations, associations or partnerships (hereinafter 'Releasees') acting officially or otherwise, from any and all actions, cause of action, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including but not limited to any accident while participating individually or with others on the 2016 Piccola Università Italiana Program in Language and Culture. Such remise release and discharge shall extend to but shall not be limited to any claim arising from the sole negligence or concurrent negligence on the part of Releasees.

I have carefully read this form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, an agreement not to sue, and a contract between myself and the Piccola Università Italiana and the CFLL, and for the benefit of others described herein, I sign it of my own free will.

Participant's Name (PRINT): _____

Participant's Signature: _____ Date: _____

HEALTH STATEMENT FORM

Please respond to ALL below, even if it is a negative response.

FULL NAME (Print): _____

1. Please list clearly all medications that you are taking and what they are for. Be sure to bring them in their labeled containers.

2. Do you have any physical complications such as a weak back, knees etc. that you are required to wear a brace or some support? If so, you need to wear them while in Spain to prevent injury.

3. Be advised that you have to carry your own luggage. DO NOT expect others in the group to carry it for you. Make sure you can carry your own.

4. Do you have any food allergies? If you do, list them.

5. Do you have any allergies to medications? If you do, list them.

6. Are you allergic to bees or any other insects? (If so, be sure to bring a bee sting kit).

It is your responsibility to follow the medical advice of your physician. We cannot be held responsible for any injury that may occur as a result of your own negligence. This document will be held in the strictest of confidentiality and will only be used in case of medical need.

SIGN: _____

DATE: _____