

Application Checklist

Degree & Certificate Programs

- Personal data form
- 1 **digital** picture
- Statement of purpose
- 2 recommendations
- Copy of academic degree(s) awarded
- Copy of high school diploma or equivalent
- Housing information
- Medical statement and information
- Consent and release form, medical coverage
- Copy of passport (page with picture and personal data)
- Proof of language proficiency

INFORMATION & APPLICATION:

Salzburg College • Bergstraße 12 • 5020 Salzburg • Austria
T: +43 (0)662 842501 • F: +43 (0)662 842501-22 • E: info@salzburgcollege.edu

SALZBURG COLLEGE

PERSONAL DATA

I WANT TO ENROLL IN THE FOLLOWING DEGREE OR CERTIFICATE PROGRAM:

Starting Year/Semester _____

First Name

Middle Name

Last Name (Surname)

Date (DD/MM/YYYY) & Place of Birth

Passport Number

Austrian Student ID Number
(Matrikelnummer)

Home Address (Street, City, ZIP, Country)

Billing Address (Street, City, ZIP, Country)

Email Address

Telephone Number (incl. country codes)

Academic Degree(s)

Professional Experience

Education Abroad Experience

Special Interests

Language(s) Studied or Spoken

Please tell us how you heard about Salzburg College/the respective program:

INFORMATION & APPLICATION:

Salzburg College • Bergstraße 12 • 5020 Salzburg • Austria
T: +43 (0)662 842501 • F: +43 (0)662 842501-22 • E: info@salzburgcollege.edu

SALZBURG COLLEGE

STATEMENT OF PURPOSE

Name of Applicant

Please **write a multi-paragraph statement (minimum 1000 words)** explaining your reasons for wanting to complete the desired degree or certificate program.

In your thoughtful statement please address the following:

- a) The connection between your academic preparation and your intended academic work,
- b) Your academic goals during your studies here at Salzburg College,
- c) The purpose of integrating your academic work here in Salzburg into your education and professional goals.
- d) Any information that you feel is necessary to include in order to enhance your application.

INFORMATION & APPLICATION:

Salzburg College • Bergstraße 12 • 5020 Salzburg • Austria
T: +43 (0)662 842501 • F: +43 (0)662 842501-22 • E: info@salzburgcollege.edu

SALZBURG COLLEGE

SALZBURG HOUSING INFORMATION

Name of Applicant

Male

Female

If you are intending on moving to Salzburg for the duration of your studies, Salzburg College will arrange suitable housing for you here in Salzburg. In order to give the administration of Salzburg College an idea what kind of housing arrangement you prefer, **we kindly ask you to fill in the information below.**

I prefer (multiple choices are possible):

dorm living

Single rooms start at EUR 350/month, shared rooms start at EUR 300/month. No meals will be provided.

renting a room in an Austrian home

Starts at EUR 350/month for a single room (furnished) with shared bath. No meals will be provided.

renting a room in a shared apartment

Starts at EUR 350/month for a single room (furnished) with shared bath. No meals will be provided.

living with a host family

Starts at EUR 500/month in single room with breakfast and dinner (Mo-Su). Reserved for students under 26 years.

If host family is selected:

I prefer a home: with children without children no preference

I smoke

I am a vegetarian

I am allergic to _____

Other special needs/preferences:

INFORMATION & APPLICATION:

Salzburg College • Bergstraße 12 • 5020 Salzburg • Austria
T: +43 (0)662 842501 • F: +43 (0)662 842501-22 • E: info@salzburgcollege.edu

SALZBURG COLLEGE

LETTER OF RECOMMENDATION

Name of Applicant

The above candidate has applied for admission to Salzburg College. Please indicate below your evaluation of the applicant. Please comment in a printed narrative (to be attached) on the following aspects:

- The applicant's scholarly competency
- The applicant's personal and professional character
- The applicant's suitability for a degree/certificate program

Thank you for your valuable support!

Name

Signature

Date

SALZBURG COLLEGE

LETTER OF RECOMMENDATION

Name of Applicant

The above candidate has applied for admission to Salzburg College. Please indicate below your evaluation of the applicant. Please comment in a printed narrative (to be attached) on the following aspects:

- The applicant's scholarly competency
- The applicant's personal and professional character
- The applicant's suitability for a degree/certificate program

Thank you for your valuable support!

Name

Signature

Date

INFORMATION & APPLICATION:

Salzburg College • Bergstraße 12 • 5020 Salzburg • Austria
T: +43 (0)662 842501 • F: +43 (0)662 842501-22 • E: info@salzburgcollege.edu

SALZBURG COLLEGE

MEDICAL HISTORY

Name of Applicant

The information provided will remain confidential and will be shared with administrative staff, faculty or appropriate professionals. This information does NOT affect your admission to a study program.

Are you generally in good physical condition? Yes No
(If no, please explain.)

Have you ever been treated or are you currently being treated for any psychological or emotional problems? Yes No
(If yes, please explain.)

Do you have any allergies? (If yes, please explain.) Yes No

Are you taking any medications? (If yes, please explain and print the name of the medication.) Yes No

Have you had any major injuries, diseases, or ailments in the past five years? (If yes, please explain.) Yes No

Are you a vegetarian, or are you on a restricted diet? Yes No
(If yes, please explain.)

Is there any additional information (concerning medical conditions or physical disabilities) that we need to know about? Yes No
(If yes, please explain.)

I, _____ certify that all responses made on this health form are true and accurate, and I will notify Salzburg College of any relevant changes in my health that may occur before departure.

Participant's signature: _____

Date: _____

INFORMATION & APPLICATION:

Salzburg College • Bergstraße 12 • 5020 Salzburg • Austria
T: +43 (0)662 842501 • F: +43 (0)662 842501-22 • E: info@salzburgcollege.edu

SALZBURG COLLEGE

MEDICAL STATEMENT

Name of Applicant

Date of Birth

The above applicant is in good state of health and there are no medical objections to his/her participation in a degree/certificate program.

Does the applicant have any disease or disability which will need continued or periodical treatment?

Does the applicant have allergies?

To your knowledge and based on a recent medical examination, are there any predisposing medical, physical or emotional factors which under academic stress may require treatment while the applicant is enrolled in the program?

_____ Yes _____ No

If yes, please comment:

Date

Name and signature of physician

Address and phone number

INFORMATION & APPLICATION:

Salzburg College • Bergstraße 12 • 5020 Salzburg • Austria
T: +43 (0)662 842501 • F: +43 (0)662 842501-22 • E: info@salzburgcollege.edu

SALZBURG COLLEGE

CONSENT AND RELEASE and MEDICAL COVERAGE

I, the undersigned _____ indicate my desire to enroll in/transfer into the following program: (Please provide name of program and starting semester.)

I understand that Salzburg College, any of its partner institutions or any of its officers or employees will not assume any liability for damage or loss of property or for any financial or other obligations incurred by me. I agree to waive any claims which may now or in the future be asserted against Salzburg College for reason of any accidents, injuries or actions by me while in transit to, returning from, or while studying in Salzburg.

I understand that I shall be subject to the supervision and authority of Salzburg College, its officers and employees and acknowledge the fact that they have the right to exclude any student whose conduct or academic standing may warrant such control. I understand that students are expected to attend classes as specified in the academic policies unless otherwise indicated by illness or unavoidable circumstances and are expected to display a sense of maturity and responsibility.

I acknowledge that in the case of withdrawal or dismissal from the selected degree/certificate program, I will not receive any refunds after the program has started. (Official program start=first day of classes)
I also understand that I will no longer have access to any of the facilities, services and materials available to students of Salzburg College.

I understand that by signing this form I am committing to participating in the desired degree/certificate program as indicated above and am also obliged to pay the full tuition due six weeks before the respective program begins.

I hereby authorize Salzburg College to publish any and all photos and videos taken during my studies in Salzburg and on study trips and field trips for use on the Salzburg College or any partner institution website and all current or future media. I will make no monetary claim.

I further agree that my participation in any publication and website produced by Salzburg College or one of its partners confers upon me no rights of ownership whatsoever. I release Salzburg College and its employees from liability for any claims by me or any third party in connection with my participation.

I hereby authorize Salzburg College to release any information regarding my person to the following:
(Please list Names, Email Addresses, Phone Numbers and Addresses of Person(s) you wish Salzburg College to contact in case of an emergency)

I consent to be given medical or surgical treatment as may become necessary for myself and understand that any costs thereof would be borne by me. I also understand that I am responsible to obtain my own medical insurance coverage.

I carry the following medical coverage:

This policy covers doctors and hospital services, evacuation and repatriation, and any other related emergency treatment.

SIGNED: _____
City Date Applicant's Signature