

## Application Checklist

### Certificate Intercultural Competence M.A.I.S. Intercultural Leadership

- Personal data form
- 1 **digital** picture
- Statement of purpose
- 2 recommendations
- Copy of academic degree(s) awarded
- 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](mailto:info@salzburgcollege.edu)

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## PERSONAL DATA

CERTIFICATE Intercultural Competence

M.A.I.S. Intercultural Leadership

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:

\_\_\_\_\_

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## STATEMENT OF PURPOSE

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Name of Applicant

Please **write a multi-paragraph statement (minimum 1000 words)** explaining your reasons for wanting to complete the Certificate Program or M.A.I.S. in Intercultural Leadership.

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 in 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.

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## 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:

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## LETTER OF RECOMMENDATION

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Name of Applicant

The above candidate has applied for admission for the Certificate Program or M.A.I.S. in Intercultural Leadership. 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 M.A.I.S. in Intercultural Leadership/ Certificate in Intercultural Competence

Thank you for your valuable support!

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Name

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Signature

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Date

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- The applicant's suitability for a M.A.I.S. in Intercultural Leadership/ Certificate in Intercultural Competence

Thank you for your valuable support!

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## 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 the Certificate Program or M.A.I.S. Intercultural Leadership 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? (If yes, please explain.)  Yes  No

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

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: \_\_\_\_\_

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## 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 the Certificate Program or M.A.I.S. in Intercultural Leadership 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

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## CONSENT AND RELEASE and MEDICAL COVERAGE

I, the undersigned \_\_\_\_\_ indicate my desire to enroll in/transfer into the

M.A.I.S. in Intercultural Leadership or

the Certificate in Intercultural Competence Program

offered in collaboration between Salzburg College and Niagara University for the \_\_\_\_\_ (semester/year).

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 M.A.I.S. in Intercultural Leadership Program or the Certificate in Intercultural Competence 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 the MA or Certificate Program.

I understand that by signing this form I am committing to participating in the M.A.I.S. in Intercultural Leadership Program or the Certificate in Intercultural Competence 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)

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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:

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

SIGNED: \_\_\_\_\_

City

Date

Applicant's Signature

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