

## Application Checklist

### Degree & Certificate Programs

**(TO BE SUBMITTED AFTER COMPLETING THE NIU APPLICATION PROCESS SUCCESSFULLY  
& WHEN PROMPTED TO DO SO)**

- ☐ Personal/Academic Data Form
- ☐ Housing information
- ☐ Medical statement and information
- ☐ Consent and release form

#### 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/ACADEMIC DATA

TERM: \_\_\_\_\_

BACHELOR OF GENERAL STUDIES ☐

YEAR: \_\_\_\_\_

UNIVERSITY TRANSFER PROGRAM ☐

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME (SURNAME)

\_\_\_\_\_  
DATE OF BIRTH (DD/MM/YYYY) PLACE OF BIRTH GENDER

\_\_\_\_\_  
EMAIL ADDRESS (PRIMARY) EMAIL ADDRESS (ALTERNATE)

\_\_\_\_\_  
TELEPHONE NUMBER TELEPHONE NUMBER (ALTERNATE)

\_\_\_\_\_  
PERMANENT (HOME) ADDRESS (STREET, CITY, ZIP, COUNTRY)

\_\_\_\_\_  
BILLING ADDRESS (IF DIFFERENT FROM ABOVE) (STREET, CITY, ZIP, COUNTRY)

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN (IF APPLICABLE)

\_\_\_\_\_  
ADDRESS OF PARENT/GUARDIAN

\_\_\_\_\_  
TELEPHONE NUMBER PARENT/GUARDIAN EMAIL ADDRESS PARENT/GUARDIAN

\_\_\_\_\_  
HIGH SCHOOL ATTENDED

\_\_\_\_\_  
ACADEMIC DEGREE(S) (IF APPLICABLE)

\_\_\_\_\_  
WORK EXPERIENCE

\_\_\_\_\_  
CAREER PLANS

\_\_\_\_\_  
TRAVEL AND EDUCATION ABROAD EXPERIENCE

\_\_\_\_\_  
SPECIAL INTERESTS

\_\_\_\_\_  
LANGUAGE(S) STUDIED/SPOKEN

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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

☐ renting a room in an Austrian home

☐ renting a room in a shared apartment

☐ living with a host family

**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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## 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? (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.

Applicant'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 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

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## CONSENT AND RELEASE

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

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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)

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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, if I opt out of the Salzburg College student health insurance.

SIGNED: \_\_\_\_\_  
City Date Applicant's Signature

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