

NON-U.S. CITIZENS

I understand that it is my responsibility to obtain my visa and I will supply a copy of this visa to Barcelona SAE upon receipt.
(Initial) _____

Should I fail to obtain the visa necessary for my program I will not be eligible for a refund. (Initial) _____

Permission

Do you give the Barcelona SAE office permission to release your name and program information to your study abroad advisor?

Yes No

Do you give the Barcelona SAE office permission to release your name and program information to your parents/legal guardian?

Yes No

Release

I (name) _____

of (address) _____

Release and discharge Barcelona Study Abroad Experience and any and all of their employees, agents or representatives from all actions, suit claims, or liability for damages or other legal or equitable relief of any nature resulting, from, arising out of, or related to my participation in the program including without limitation, claims for personal injury or property damage.

I certify that all the information on this application is correct and I agree to stand by the Barcelona SAE financial, academic and code of conduct policies. I authorize Barcelona SAE to release my information/records to their affiliated partner institutions/organizations.

Executed this _____ day of _____ 20_____.

Student's signature _____