

Nazareth College
4245 East Avenue
Rochester, New York
14618-3790
www.naz.edu



Recommendation and Advisement Forms Valencia Program

THE FORMS:

This set of recommendation and advisement forms includes:

- FACULTY RECOMMENDATION FORM
- SPANISH PROFESSOR RECOMMENDATION FORM
- COURSE SELECTION AND ADVISEMENT FORM
- VALENCIA INTERNSHIP APPLICATION AND APPROVAL FORM (semester program only)

RECOMMENDATION FORMS:

All students applying to the Valencia Program must obtain the **two Recommendation Forms**. You must fill in certain items on each of the two recommendation forms before delivering or sending them to the referees for completion. The names of the two recommending professors **must appear on the initial Valencia Program Application Form**. The recommenders must be made aware of the application deadline.

COURSE SELECTION FORMS:

All Nazareth Students applying to the Program must complete the **Course Selection/Advisement Form**.

All Visiting Students applying to the Program should use their own university's credit course selection/advisement form (approval form) for: general university undergraduate requirements; major courses; minor courses, electives. This step is made independently by visiting students who need to be assured of credit transfer for specific course equivalencies at their home campus. A minimum grade requirement at the home campus is usually a condition of acceptance of credit transfer.

INTERNSHIP APPLICATION & APPROVAL FORMS (semester program only)

Any Student who intends to engage in a credit-bearing internship course must complete the **Internship Application and Approval Form**. (Consult the website for Nazareth College criteria for credit-bearing internships.)

RETURNING THE FORMS:

The application deadlines for the Valencia Residential Program are as follows:

October 20th – for the Spring semester

March 1st – for the Fall semester

March 30th – for the Summer Session

Send all forms to:

Dr. Cristina Carrasco, Valencia Program Director
Nazareth College of Rochester
4245 East Avenue
Rochester, NY 14618-3790
Tel.: (585) 389-5146
E-mail: ccarras5@naz.edu

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Faculty Recommendation Form Valencia Program

To the Student Applicant:

Please complete the information in this box and sign the authorization. Then give this form to a professor who knows you well and has taught you in class. You must provide the professor with a stamped envelope, addressed to: **Dr. Cristina Carrasco, Valencia Residential Program, Nazareth College, 4245 East Avenue, Rochester NY 14618** Email: ccarras5@naz.edu

Name of Applicant _____
First Name Last Name

I am going abroad in (indicate semester/session & year): Fall _____ Spring _____ Summer _____

My e-mail: _____ My campus tel.: (____) _____.

I waive _____ do not waive _____ my right to see the contents of this recommendation.

Signature: _____ Date: _____

To the Referee:

The above named student is applying to study abroad with the Nazareth College Valencia Residential Program. Please assess this student's intellectual ability, past performance, motivation, maturity and potential for successful adjustment to an extended stay abroad. **Continue your recommendation on the back of this sheet if necessary.** Thank you for your service.

Please rate the following:

Academic potential and ability: ___ Outstanding ___ Excellent ___ Good ___ Poor

Ability to adjust to new situations: ___ Outstanding ___ Excellent ___ Good ___ Poor

Personal motivation: ___ Outstanding ___ Excellent ___ Good ___ Poor

Comments:

Your Name (please print) _____ Title or Dept. _____

Address: _____

Tel.: (____) _____ Email: _____ Institution: _____

Signature: _____ Date: _____

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Spanish Professor Recommendation Form Valencia Program

To the Student Applicant:

Please complete the information in this box and sign the authorization. Then give this form to a Spanish professor who knows you well and has taught you in class. You must provide the professor with a stamped envelope, addressed to: **Dr. Cristina Carrasco, Valencia Residential Program, Nazareth College, 4245 East Avenue, Rochester NY 14618** Email: ccarra5@naz.edu

Name of Applicant _____
First Name Last Name

I am going abroad in (indicate semester/session & year): Fall _____ Spring _____ Summer _____

My e-mail: _____ My campus tel.: (____) _____

I waive _____ do not waive _____ my right to see the contents of this recommendation.

Signature: _____ Date: _____

To the Referee:

The above named student is a candidate for the Nazareth College Residential Program in Valencia Spain. Please assess this student's current language skills and ability to pursue coursework in the language or aptitude for language study. Please comment as well on her/his viability to study abroad, based on: intellectual ability; motivation; maturity; potential for successful adjustment to another culture for an extended period of time. Thank you.

In your judgement, at what level will this student be able to function in the language?:

Understands basic grammar and short simple sentences for: ___ Speaking ___ Listening ___ Reading ___ Writing

Understands everyday vocabulary and grammatical structures for: ___ Speaking ___ Listening ___ Reading ___ Writing

Uses complex grammatical structures and advanced vocabulary for: ___ Speaking ___ Listening ___ Reading ___ Writing

How recently have you had this student in class?: _____

Please rate the following:

Academic potential and ability: ___ Outstanding ___ Excellent ___ Good ___ Poor

Ability to adjust to new situations: ___ Outstanding ___ Excellent ___ Good ___ Poor

Personal motivation: ___ Outstanding ___ Excellent ___ Good ___ Poor

Additional Comments:

Since these ratings may be inadequate for full evaluation of the applicant's proficiency in the language and suitability for study abroad, you are encouraged to make additional remarks on the reverse side of this evaluation form. Thank you for your service.

Your Name (please print) _____ Title or Dept. _____

Address: _____

Tel.: (____) _____ Email: _____ Institution: _____

Signature: _____ Date: _____

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Course Selection/Advisement Form - Valencia Program

This form is required for all **Nazareth students**. The participant's signature below indicates she/he will enroll in these approved classes in the Valencia Residential Program. If a course is cancelled, she/he will arrange to complete an independent study with the instructor for the course. The student accepts full responsibility to complete the courses that the advisor has approved. Any later changes in course registration must be reported to and approved by the Director of the Valencia Residential Program.

Visiting students to the Valencia Residential Program should use their own university's credit course selection/advisement form (approval form) for: general university undergraduate requirements; major courses; minor courses; internships; electives.

All students should retain a copy of their completed campus form for reference upon return to campus.

Fall and Spring participants register for 5 courses. Summer Session participants sign-up for 3 courses.

Students must officially register for the Valencia Program through the Nazareth College Registrar's Office:

At regular registration time in November and April, matriculated students submit the Academic Advising Course Selection Form to the Registrar's Office. This acts as the study leave form and the registration form. The Registrar's Office will register students for the following: SAB300VAL (fall) – 15 cr., SAB301VAL (spring) – 15 cr., or SAB302VAL (summer) – 6 cr.

Participants DO NOT need to submit the "Transfer Credit Approval Form".

Participants from other academic institutions should register as non-matriculated students through the Office of Part-time Enrollment Services. Smyth Hall Room 145. Tel. (585) 389-2050, toll free at 1-800-441-0288.

Name: _____ Fall _____ Spring _____ Summer _____

1. Course number and title: _____

Fulfills: PI in _____ PII in _____ Spanish _____ Elective _____

2. Course number and title: _____

Fulfills: PI in _____ PII in _____ Spanish _____ Elective _____

3. Course number and title: _____

Fulfills: PI in _____ PII in _____ Spanish _____ Elective _____

4. Course number and title: _____

Fulfills: PI in _____ PII in _____ Spanish _____ Elective _____

5. Course number and title: _____

Fulfills: PI in _____ PII in _____ Spanish _____ Elective _____

Signature of Program Participant _____ Date _____

Signature of Major Advisor _____ Date _____

Signature of Valencia Program Director _____ Date _____

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Internship Application & Advisor Approval Form - Valencia Program

INSTRUCTIONS:

Complete and sign this form and present it to your academic advisor for signature approval. Write the required personal essay and prepare your résumé. Return all three items together with the Valencia Residential Program Application packet to: **Dr. Cristina Carrasco, Valencia Program, Nazareth College, 4245 East Avenue, Rochester, NY 14618.** Tel.: 585-389-5146; Email: ccarras5@naz.edu

DEADLINES:

Your application is due by **March 1** for Fall Semester study, and by **October 20** for Spring Semester study.

PERSONAL INFORMATION:

Name _____ Email: _____
College/University: _____
Campus or Local Address: _____ Tel.: (____) _____
Home Address: _____ Tel.: (____) _____

Major: _____ Second Major: _____ Minor (Concentration) _____
Academic Yr: _____ Overall Average (GPA): _____ No. Semesters at Home Campus: _____

INTERNSHIP INFORMATION:

Type of Internship Sought (check one):

Business _____ Teaching _____ Communication Disorders _____ Psychology _____ Law _____

Translation _____ Social Work _____

Semester of Desired Internship: Fall: _____ Spring: _____

PERSONAL STATEMENT:

Write a Personal Statement regarding your interest in an International Internship in Valencia. You should respond to the following questions in your essay:

- Why do you want to participate in an internship in Valencia?
- What experience and skills make you an ideal candidate?
- What do you specifically hope to gain from participation?
- What benefits will the sponsoring organization obtain by selecting you?
- How does this internship opportunity relate to your professional goals?

ADVISOR APPROVAL FOR STUDENT TO COMPLETE AN INTERNSHIP:

Approved _____ Conditionally Approved _____ Not Approved _____

Advisor Comments:

Advisor Signature _____ Date: _____

Student Signature _____ Date: _____