**St. Bonaventure University’s**

**Program: Spanish Chronicles: Unveiling Spain Through Castles, Fairytales, and Stars**

**Application**

Personal Information:

Name: Click here to enter text.Student E-mail: Click here to enter text.

Home Address: Click here to enter text.City: Click here to enter text.

State: Click here to enter text.Zip Code: Click here to enter text.

Cell Phone: Click here to enter text. Gender: Click here to enter text.

Date of Birth: Click here to enter text.City/Country of Birth: Click here to enter text.

Do you have a valid passport through the end of February 2025? Yes No

If yes, list your name **exactly** as it appears on your passport:Click here to enter text.

If yes, provide the passport expiration date:Click here to enter text.

If no, please get your passport as soon as possible.

Current Academic Status: Freshperson Sophmore Junior Senior

Major:Click here to enter text.Current GPA: Click here to enter text.

Did you sign the St. Bonaventure University Waiver of Liability and Hold Harmless Agreement? Yes No

Course Selection:

*Choose* ***two*** *of the following courses (6 or 7 credits)*:

SPAN 311:  Enchanted Spain: Unveiling Spanish Fairytales and Cultural Treasures

(3 credits) Offered in English-Dr. Jose Medrano

***Fulfills the Diversity and Literature and the Visual and Performing Arts requirements.***

SPAN 202:  Intermediate Spanish II (3 credits) - TBA

***Fulfills the Language requirement.***

PHSC 106: Stars and Stellar Systems (3 credits)

***AND***

PHSC 113L: Astronomy Laboratory (1 credit) *- Dr. James Pientka*

***Fulfills the Natural Science requirement.***

PSYC 348: Disparities in Health Care (3 credits) – Dr. Gregory Privitera

***Fulfills the three credits in the Psychology major/minor.***

Emergency Information:

**Person to contact in the event of an emergency:**

Name: Click here to enter text.

Relationship: Click here to enter text.

Home/Cell Phone: Click here to enter text.Work Phone: Click here to enter text.

Home Address: Click here to enter text.E-mail: Click here to enter text.

**Person to contact in the event the above person cannot be contacted of an emergency:**

Name: Click here to enter text.

Relationship: Click here to enter text.

Home/Cell Phone: Click here to enter text.Work Phone: Click here to enter text.

Home Address: Click here to enter text.E-mail: Click here to enter text.