Madrid Visiting Student Award

The Madrid Visiting Student Award is designed to provide the opportunity for students in a SLU Madrid program of study to complete **one** term (fall or spring) on the St. Louis Campus and get a US campus experience at a similar tuition cost as if s/he were to enroll on the Madrid Campus during that term. Upon application, the Office of Finance, with the approval of the Director of Finance & Operations of the Madrid Campus will calculate the amount of the scholarship and will present the scholarship request to the St. Louis Campus Director of Student Financial Services for consideration and approval.

Eligibility: Madrid Campus students who desire to complete one term (fall or spring) on the St. Louis Campus may apply for this award provided that the following conditions are met:

- S/he has declared a Madrid program of study and therefore, intends to complete his/her degree at SLU Madrid.
- S/he has a minimum cumulative GPA of 2.5 on the term previous to his her visiting application term.
- S/he has been accepted as a visiting student to the St. Louis Campus.

Conditions: If granted, the Madrid Visiting Student Award recipient is required to live in St. Louis campus owned University Housing.

Interested applicants should complete the following application and submit to:

Office of Finance & Operations
Saint Louis University – Madrid Campus
Avenida del Valle 34
28003 Madrid
Email: finance-madrid@slu.edu

SAINT LOUIS UNIVERSITY
MAJOR APPLICATION FORM

Student Information: *Complete the top section and sign*

Name: _____   Banner ID: _____

SLU Email: _____   Cell Phone: _____

Semester for which transfer is requested: Fall 20_____   Spring 20_____   Summer 20_____

Current Classification: FR   SO   JR   SR   Expected Graduation Date: _____

Current primary advisor: _____ Current faculty mentor:_____

Is your primary advisor in SES?   Yes   No   or Pre-professional Health?   Yes   No

NOTE: This form does NOT change the primary advisor for students advised in SES or Pre-professional Health.

International / ESL Students	TOEFL score:	TWE:	SLUWE:

Current Program:	**Requested Program:**
Campus: (circle one) St. Louis Madrid	Campus: (circle one) St. Louis Madrid
Are you in the Honors program? Yes No	Do you want to stay in the Honors program? Yes No
	If NO, please contact the Honors program.
School/College: _____	School/College: _____
Degree: _____	Degree: _____
Primary Major: _____	Primary Major: _____
Concentration/ Track *(if applicable):* _____	Concentration/ Track *(if applicable):* _____
2nd Major _____	2nd Major _____
Certificate/Minor: _____	Certificate/Minor: _____

Applications submitted after the 4th week of the current semester will apply to the next semester. Some programs charge <u>additional fees</u>; refer to Student Financial Services.

Student Signature: _____   **Date:** _____

Dean's Recommendation *(to be completed by the Dean's Office for the requested program)* **DATE RECEIVED:**

New School: _____   Major/Concentration:_____   Cumulative GPA:_____

Accept_____   Conditionally Accept _____   Defer_____   Deny_____

Comments/Conditions: _____

_____

New Academic Advisor:_____   New Mentor: _____

Do NOT assign new advisor as Primary if current Primary Advisor is in SES or Pre-professional Health.

Signature: _____   Date: _____

Before census date	**After census date**
___ *this is a COPY for Previous College (sent _____)*	___ *this is a COPY for Previous College (sent _____)*
YES NO New advisor entered on SGAADVR, current term	*YES NO New advisor entered on SGAADVR, **NEXT** term*
YES NO New mentor entered on SGAADVR	*YES NO New mentor entered on SGAADVR, **NEXT** term*
YES NO Curriculum update has been sent to Registrar	*YES NO Curriculum update has been sent to Registrar*
___ *Send file **NOW** to new advising office*	___ *Send file at END of current term to new advising office*
Date file sent _____ Date file received_____	*Date file sent _____ Date file received_____*
___*Send copy to Honors if student drops Honors program.*	___ *Send copy to Honors if student drops Honors program.*

Madrid Visiting Student Award Application

Have you been accepted to visit the St. Louis Campus? ◯ Yes ◯ No   Term: _____

Banner ID: _____

Last Name: _____ First Name: _____

Madrid Campus program of study: _____ Cum. GPA: _____

Date: _____ Signature: _____

For Office Use only:

	SLU Tuition (US $)	Madrid (Euros)	Madrid (Dollars)
Tuition			
Merit Scholarship			
Other University-funded aid			
Madrid Visiting Student Award			
Total Tuition			

Approval:

_____   _____
Director of Finance & Operations   Director of Student Financial Services
SLU Madrid Campus   SLU St. Louis Campus

_____   _____
Date   Date