



INTERNATIONAL J.D. DUAL DEGREE PROGRAM
SPAIN
AMERICAN UNIVERSITY WASHINGTON COLLEGE OF LAW
UNIVERSIDAD CARLOS III - MADRID

Dear Applicant:

Thank you for your interest in the J.D./LL.M. - *Master en Derecho de la Union Europea (Master U.E.)* Program with the Universidad Carlos III – Madrid (UC3).

Please note that there are a very limited number of spaces available for this program. Your withdrawal from the Program after you have been accepted would be very detrimental to other interested students. We encourage you to carefully review all the information on the Program before applying.

The application requires the submission of the following materials:

1. **Completed Application Form;**
2. **Signed Consent and Release Agreement** (included in the Application Form);
3. **Statement of Interest in English and Spanish.** (Please submit a brief statement of no more than one page describing your professional interests and goals. You should include your reasons for applying to this program.);
4. **Current résumé;**
5. **Letter of recommendation** (Please submit a letter from a professional or academic reference. No letters from relatives.);
6. **Updated WCL academic transcript;**
7. **Explanation of Spanish proficiency** (additional testing may be required);
8. **Copy of Passport** (photo page and information page).

Deadline: Completed materials must be received by **January 27, 2012** at **5:00 pm EST**.

Applicants will be contacted for interviews in English and Spanish. Decisions are made by an advisory panel at WCL in consultation with the Dean of the Law School.

Admission by WCL to this Program is subject to final confirmation by UC3; therefore, UC3 can reject an applicant admitted by WCL. If admitted, additional application materials from UC3 will be required.

Please send or fax the application package to:

Theresa Kaiser
Director, Study Abroad & International Exchange
4801 Massachusetts Ave, NW, Suite 373A
Washington D.C. 20016
intdualdegree@wcl.american.edu / Fax: (202) 274-4005

APPLICATION FORM

Program Name: **J.D./LL.M. (Master U.E.)**
 WCL – UC3

Personal Information:

Last Name:
First Name:
Middle Name:
Social Security Number:
Date of Birth:
Passport number:
Date of Expiration:
Country of citizenship:

Current Address (valid until _____):

Address:
Zip code:
Tel. home:
Tel. cell or work:
Email 1:
Email 2:

Permanent Address (if different):

Address:
Zip code:
Country:
Tel. home:
Tel. cell or work:

II. THE PROGRAM:

1. Degree, transfer of credits and grades: Students will receive credit only for those classes in which they earn passing grades, but in no case will they receive more credits than those for which they are registered. If students earn passing grades in fewer than the ABA-equivalent of the number of credits they are registered for, they shall receive no credits for that semester, which may affect financial aid. Grades obtained at UC3 will not be included in the calculation of the students' cumulative WCL grade point averages and course titles will not appear on WCL transcripts. Grades obtained at WCL will not be included in the calculation of the students' cumulative grade point averages at UC3.
2. Number of Credits and Mandatory Courses: Students enrolled in the Program will complete a minimum of **59 credits** during their two (2) years of residence at WCL. Students will complete all first-year and upper-level required courses (such as Upper Level Writing and Professional Skills) at WCL before leaving for Spain.

According to ABA regulations, credits shall be stated in terms of "credit hours" and are calculated according to the following formula: one semester hour (i.e. 1 credit) completed at the host institution represents 700 minutes of class time.

For the *Master U.E.*, students will complete all mandatory courses required by UC3, totaling one hundred twenty (120) ECTS credits and an internship component, unless waived by the program directors during the student's one and a half (1 ½) year residency abroad.

WCL will transfer 27 ABA credits from the Master U.E. program towards the J.D. degree.

3. Program of Study Approval: All classes taken by students abroad must be approved by the Director of the Program at WCL. For that matter, during the first month of each semester abroad, students will send the Director of the Program a schedule of their classes for that semester stating the professors' names and email addresses as well as class meeting days and times.
4. Registration at WCL and Graduation:
 - a. All students will be registered according to the following system:
First year abroad: Fall term: 12 credits / Spring term: 12 credits
Second year abroad: Fall term: 6 credits
 - Note: The number of credits taken at UC3 may not necessarily reflect the number of credits the student is enrolled for at WCL during the study abroad component.*
 - b. Students may receive the J.D. degree from WCL only upon full completion of the one and a half (1 ½) years of residency abroad and the approval of a minimum of 86 credits, including the 27 credits transferred from the Master

U.E. program at UC3 and a minimum of 59 credits earned in residence at WCL.

- c. WCL will only accept official transcripts from the host institution as proof of satisfactory academic progress and completion of the transferrable credits.
 - d. After graduation from WCL, students are no longer eligible for financial aid and all loan re-payments will be due as scheduled.
5. Tuition Payment & Fees: WCL students participating in the Program must pay three (3) years of full-time tuition and fees to WCL. Students will pay full-time tuition during the first year abroad. There will be no tuition payments during the second year abroad, regardless of the number of credits registered at WCL during that year.
 6. Technology Fees: Students are required to pay technology fees to WCL while they are abroad as WCL students.
 7. Communications with the University: The Director of the Program at WCL must be informed of all communications with university staff regarding financial aid, registration, student accounts or any other matter where the status of the student as a dual degree participant may play a role in the decisions made by the University. Please use intdualdegree@wcl.american.edu.
 8. Student Visas: All program participants are responsible for obtaining their visas for their time abroad. Other than securing admission letters from the partner universities, WCL does not assist students in the visa process.

III. Consent and Release Agreement:

The following agreement is designed to protect all participants in American University Washington College of Law International J.D. Dual Degree Programs, including students, faculty members, American University (“the University”), and the agencies and individuals cooperating with the University. You, as the student, must sign this form to indicate agreement with the provisions and to indicate permission to participate.

9. General Release: I, _____, have read the published description of the Program and I understand that my participation in this Program is entirely voluntary. I also understand that participation in the Program, as in any other foreign study program, involves some element of risk including travel from, to, and within the host country. I (including my parents, guardians and legal representatives) shall not attempt to hold American University, its trustees, officers, employees, faculty, agents and co-sponsoring institutions and their agents liable for any injury, death, or loss to person or property sustained by me while participating in or arising out of any travel or activity conducted by or under the auspices of this Program.

I also understand the Program is an agreement between academic institutions. American University and partner institutions do not control any additional requirements set forth by the countries of either institution in order to practice law.

10. Program Changes or Termination: I understand that the University reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions. I agree that I (including my parents, guardians and legal representatives) shall not assert claims against or hold American University, its trustees, officers, employees, faculty, agents and co-sponsoring institutions and their agents responsible for any costs or losses resulting from said events.
11. Voluntary or Involuntary Withdrawal or Dismissal: I understand that all students are subject to University regulations, Program guidelines, and laws of the host country. In the event of violation of these, academic failure, or behavior which is detrimental to other students or the Program, the Director of the Program shall have the right to dismiss me from the Program. The Director's decision will be final and may result in the loss of academic credits.

I agree to pay all the costs arising out of my voluntary or involuntary withdrawal from the Program prior to its completion for whatever reason, including withdrawal caused by illness or disciplinary action, as set forth above. I agree that I (including my parents, guardians and legal representatives) shall not assert claims against or hold American University, its trustees, officers, employees, faculty, agents and co-sponsoring institutions and their agents responsible for any costs or losses resulting from any withdrawal or dismissal.

12. Application Process: I understand that submission of a completed application does not guarantee a placement in the International J.D. Dual Degree Program and that a selection process will take place.
13. Health Insurance: At American University, medical insurance is mandatory for all full-time degree students, resident students, and international students on F-1 or J-1 visas throughout the duration of the program.

During the first year of the program, enrollment in the University sponsored Student Health Insurance Plan is automatic and it is billed directly to the student's account unless the student submits a waiver that identifies alternate and comparable coverage, prior to the posted deadline date.

During the second year of the program, enrollment is not automatic and students may choose to enroll in the University sponsored program or show proof of independent coverage through another provider. Proof of coverage must be submitted to American University Health Services and the Director of the Program in a timely manner.

I understand that urgent care for minor injuries and illnesses may be available through the health services of the host institution. However, I also understand and agree that securing appropriate medical care during my participation in the Program will be my sole

responsibility. I further agree that I (including my parents, guardians, or legal representatives) shall not attempt to hold the University, its trustees, officers, employees, faculty, agents, and co-sponsoring institutions and their agent(s), liable for any injury or death sustained by me in connection with any medical care, hospitalization, or surgery I undergo while participating in the Program.

14. Responsibility for Medical Care: I understand that some accident and health insurance is provided by the University's provider AceUSA. However, I also understand that it may be necessary for me to cover medical expenses abroad and then apply for reimbursement from the insurance plan afterwards. In such case, I will be solely responsible for preparing and submitting the claim for reimbursement.

Note: The University requires that students planning to operate a motor vehicle overseas obtain liability and collision insurance that will cover them in the applicable foreign countries. The University recommends that students insure their personal property from loss or theft.

15. Pledge: I agree to comply fully with the rules of the University, its agents, and the host institution. I agree that the University has the right to enforce its standards of conduct and that should I fail to comply with them, the University has the right to terminate my participation in the Program.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE
TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW**

Printed Student Name

Student Signature

Social Security Number

Date