

SUMMER INSTITUTE IN URBINO, ITALY

ADMISSIONS APPLICATION (A1)

Due April 15th

Please affix
**2 Passport Style
Photos** here with
a staple (Be sure to
print your full name
on the back)

Personal Information:

Last Name: _____

First Name: _____ Middle Name: _____

Place of Birth _____ Date of Birth: mm/dd/yyyy _____

Gender: male female Status _____ (married, single, etc.)

Local Address: _____

Permanent Address: _____

E-mail Address: _____

Home Phone # _____ Cell Phone # _____

Name of Closest Relative _____ Relationship _____

Relative's Home Phone: _____ Cell Phone : _____

Passport Information:

Citizenship _____ Social Security # _____

U.S. Passport Number _____ Passport City of Issue: _____ Expiration Date: _____

Flight Information:

Do you wish fly overseas on your own or with the group? own my own with the group

Academic Information:

Current School Attending _____ Current Level of Education _____

Overall G.P.A. _____ G.P.A. in Major: _____

Give the names and phone numbers of two individuals who can recommend you:

1. _____ phone _____

2. _____ phone _____

Employment/Other Information:

Are you currently employed? Yes No Occupation: _____

Employment _____ Position _____

Please list any hobbies, extra curricular activities in which you are involved:

Course Selection: (see courses listed on webpage) please list one course alternate.

Course title	Course #
1. _____	_____
2. _____	_____
Alternate: _____	_____

Program Information:

How did you learn about this program? _____

If you are a teacher, where? _____

It is recommended that you meet with your academic advisor if you expect to receive credits towards graduation requirements from your home institution. Please have your academic advisor review the courses listed above, (see syllabi on website under course offerings) so that you can be pre-approved of credits to transfer.

Payment Section:

Please affix a personal or bank check here using a paperclip for the application fee/deposit of \$300.00

Check made payable to “**American Council of Colleges in Italy, Inc.**”

Write “**Deposit Urbino**” in memo section.

*This check will assure you a place in the program while your application is reviewed.
If you are accepted into the program, this fee counts towards your program fee.*

Please send all forms, including this completed application to the address listed at the bottom of the page.

Your Signature _____ **Date** _____

*Dr. Michael Vena, Program Director
A.C.C.I., Inc.; Urbino
116 Rentell Road
Hamden, CT 06514*