



Siena Italian Studies

Study Abroad Advisor's Form

(Student should complete the following)

Name of student (printed or typed): _____

Term for which student is applying: _____

I hereby authorize _____ to complete this form I understand this document will be used to evaluate my qualifications for the Siena Italian Studies Program and will be part of my application file.

(Student's Signature)

To the Study Abroad Advisor or Dean: please enclose a letter addressing the following points. Thank you for your help.

1. Is this student in good standing academically and otherwise at your institution? If not, please explain.
2. Has this student obtained the necessary approval(s) from your institution to participate in the Siena Italian Studies Program for the period indicated above? If not, or if the approval(s) is conditional, please explain why.
3. Will this student be able to transfer credit toward his or her degree requirements at your institution for course work successfully completed in Siena Italian Studies Program? (If you need more information from us to determine this, please indicate here)
4. Do you recommend this student for the Siena Italian Studies Program on the basis of his or her motivation, stability, maturity, and probable capacity to adjust to life in Italy (or another culture generally)?

Name of Study Abroad Advisor or Dean (printed or typed) Title: _____

Full Address: _____

Telephone: _____ Date: _____

Signature: _____

Please return this form by fax or email. See below for contact information.



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Faculty Member's Recommendation Form

(Student should complete the following)

Name of student (printed or typed): _____

I hereby authorize _____ to complete this form I understand this document will be used to evaluate my qualifications for the Siena Italian Studies Program and will be part of my application file.

(Student's Signature)

To the faculty member (please enclose a letter addressing the following points)

Please assess the aforementioned student in terms of his/her potential for success in a study abroad program. Thank you for your help.

1. How long and in what capacity have you known this student? Please list any course(s) in which you have taught him or her.
2. Please give us your estimate of this applicant's intellectual ability and academic motivation.
3. What is your opinion of this person's emotional maturity and stability, and how successfully do you think he or she would adjust socially and personally to study and life abroad?
4. On the basis of the applicant's performance, what particular strengths and/or weaknesses might he or she be expected to display while abroad?

Name of Faculty Member (printed or typed): _____

Full Address: _____

Telephone: _____ Date: _____

Signature: _____

Please return this form and recommendation by fax or email. See below for contact information.



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OFFICIAL TRANSCRIPT REQUEST FORM

I request an official transcript be sent to the Siena Italian Studies Program at the following address:

Siena Italian Studies Program-Lavinia Bracci

Strada Massetana, 38 - 53100 Siena, Italy

Name: _____ Social Security number: _____

Address: _____ Phone number: _____

Dates of Enrolment: From _____ To _____ Date of Birth: _____

Signature: _____



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Health Examination Form

Applicant's Name: _____ Date of birth: _____

This form must be completed, signed and dated by the physician.

Applicant's height: _____ Weight: _____

If the answer to any of the questions below is "Yes," the physician should provide details on the last page, indicating in each case whether the condition is likely to affect the student's full participation in the study abroad program.

1. Is the applicant seriously underweight or overweight? Yes () No ()
2. Does the applicant have any dietary restriction or food allergies? Yes () No ()
3. Is the applicant allergic to any medications? (Specify) Yes () No ()
4. Does the applicant suffer from any other type of allergy? (Specify) Yes () No ()
5. Does the applicant have any speech, hearing or eyesight impairment, which might affect his/her participation? Yes () No ()
6. Does the applicant have any physical disability, which might cause hardship in the event of changes in diet or strenuous travel? Yes () No ()
7. Does the applicant have any existing congenital condition that may require additional treatment? Yes () No ()
8. Is the applicant currently under treatment or observation for any physical or emotional condition? Yes () No ()
9. Is there any history of emotional disturbance in the applicant? Yes () No ()
10. Has he/she shown any of the following:
difficulties in relationships with family/peers? Yes () No ()
behavior disorder? Yes () No ()
eating disorder? Yes () No ()
symptoms such as mood swings, depression, sleep disorders, unusual degree of anxiety, fear or guilt? Yes () No ()



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11. Does the applicant have communicable infectious disease? Yes () No ()
12. To your knowledge, are there any predisposing medical or emotional factors which may, under stress or duress during the course of the study program, present a need for immediate therapy while abroad?

Yes () No ()

Please list medications the applicant is presently taking:

We suggest the following tests and immunizations:

Tuberculin Skin Test: Performed _____ Read _____ mm. in duration (date) (date)

Dip./Tet. _____ Poliomyelitis _____ (date) (date)

Physician's Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Comments/Explanations:
