



Strada Massetana, 38 - 53100 Siena - Italy
Tel. +39 0577 226977 Fax +39 0577 226977/288500

APPLICATION FOR ADMISSION

Please print

Name Ms/Mr .....

Academic Program \_ or Service Learning Program \_

Term and year for which you are applying .....

Address at College .....

Phone at this address ..... E-mail .....

Social Security n# ..... Country of Citizenship .....

Home College ..... Expected date for graduation .....

Date of Birth ..... Place of Birth .....

Parents' Names .....

Parents' Address ..... (street, city, state, zip code, phone number, e-mail)

Is your parents' address your home address? .....

If not, please list your home address: .....

To whom should the bill for your participation be sent? .....

Official responsible for approving foreign study application at your home college: .....

(Name) (Title) (Full address)

Major field of study at your home college:..... Italian Language level.....

Academic Program Course selection (\*If you are applying for the Service Learning Program proceed to next item. Choose 2 courses from Humanities and Social Studies Sector, 1 Made in Italy Cultural Studies course and one Service Learning Project. Please list alternates as well because not all courses are offered every semester.

List course titles \_

Humanities and Social Sciences: .....

Made in Italy Cultural Studies: .....

Service Learning: .....

Alternate courses: .....

Service Learning Program project preference (Educational Studies, Marginalization and Social Change, Medical Sciences): .....

I apply to participate in the Siena Italian Studies Program and authorize that a copy of my transcript be sent to my home college:

Official (name, title and address) to whom transcript should be sent:.....

Signature of Applicant ..... Date .....

The Siena Italian Studies Program admits students of any race, creed, color and national or ethnic origin and regardless of sex or handicap.



Strada Massetana, 38 - 53100 Siena - Italy  
Tel. +39 0577 226977 Fax +39 0577 226977/288500

**Study Abroad Advisor's Form**

Term for which you are applying .....

I hereby authorize ..... to complete this form.

I understand this document will be used to evaluate my potential for participation.

.....  
(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 to the address at the top of this sheet



Strada Massetana, 38 - 53100 Siena - Italy  
Tel. +39 0577 226977 Fax +39 0577 226977/288500

**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 student named above 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)

Title: .....

Full Address: .....

Telephone: .....

Date: ..... Signature: .....

Please return this form to the address at the top of the sheet



Strada Massetana, 38 - 53100 Siena - Italy  
Tel. +39 0577 226977 Fax +39 0577 226977/288500

### *HOUSING QUESTIONNAIRE*

Please respond honestly to the following questions, as your answers will help us to place you in the homestay best suited to your preferences. Please note that your answers to these questions have no bearing on your admittance into the program.

*NAME* ..... *AGE* ..... *M* ( ) *F* ( )

- Can you give us a brief description of your family and describe the relationships you have with each member of your family?
  
  
  
  
  
  
  
  
  
  
- Describe your present living situation (at home/ college or university).
  
  
  
  
  
  
  
  
  
  
- What was the last job you had ?
  
  
  
  
  
  
  
  
  
  
- Explain your typical day at your home college (clubs, activities, hobbies).



- Are you a vegetarian? Yes ( ) No ( ) Strict ( ) flexible ( )

\*\* If yes, considering that food plays such an essential role in Italian culture we need to know very specifically what being a vegetarian means to you. Please describe below:

Do you like to have children around you? Yes ( ) No ( )

- Do you like animals? Yes ( ) No ( )

- Are you allergic to or afraid of any animal in particular?

- Do you smoke? Yes ( ) No ( )

- Do you like to exercise/play sports? Yes ( ) No ( )

- Which are your favourite sports? .....

- What type(s) of music do you like? .....

- Do you play an instrument? Yes ( ) No ( ) Specify .....

- Would you like to participate in artistic activities organized by *Siena Italian Studies*?

Yes ( ) No ( )

**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 ( )  
Has he/she shown any:
  - a. difficulties in relationships with family/peers? Yes ( ) No ( )
  - b. behavior disorder? Yes ( ) No ( )
  - c. eating disorder? Yes ( ) No ( )
  - d. symptoms such as mood swings, depression, sleep disorders, unusual degree of anxiety, fear or guilt? Yes ( ) No ( )

11. 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 :**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....



## 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\_\_\_\_\_