



Siena Italian Studies

Engage with the world. Study Abroad.

Thank you for applying to our programs!
This packet contains *Part 2* of our application.

INSTRUCTIONS:

1. Print this packet.
2. Read it over carefully.
3. Complete all the forms, and gather the requested documents.



Christina Angelilli - SIS Program Coordinator
christina@sienaitalianstudies.com



Siena Italian Studies
(c/o Christina Angelilli)
Via Fontebranda, 95
53100 Siena ITALIA

SIS Application Checklist:

Part 1 (online at sienaitalianstudies.com)

- Application form
- Housing Questionnaire

Part 2

- Health Examination Form
- Study Abroad Advisor's Form
- Faculty Member's Recommendation Letter
- Official Transcript



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Health Examination Form

(This form must be completed, signed and dated by a physician)

Applicant's Name _____

Applicant's Date of Birth _____

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.

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

QUESTION	YES	NO
11. Does the applicant have communicable infectious disease?		
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?		
13. Do you consider the applicant to be generally in good health and mental conditions to participate in this Study Abroad program?		

Please list medications the applicant is presently taking:

Comments/Explanations:

Physician's Name

Signature

Date

Phone

Address

Once completed and signed by the physician, the student is supposed to send form by email or post to the address indicated in page 1 of this packet.



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Study Abroad Advisor's Form

Part 1: to be completed by the student.

Student's Name

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

Part 2: 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

Signature

Date

Phone

Address

Please email to:

Christina Angelilli - SIS Program Coordinator
christina@sienaitalianstudies.com



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Faculty Member's Recommendation Form

Part 1: To be completed by the student.

Student's Name

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

Part 2: To the faculty member (please enclose a letter addressing the following points)

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

Signature

Date

Phone

Address

Please email to: Christina Angelilli - SIS Program Coordinator
christina@sienaitalianstudies.com



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Official Transcript Request Form

INSTRUCTIONS FOR STUDENTS:

1. Complete this form.
2. Submit it to your institutions' registrar office.

Student Information

Student's Name

Student ID (or Social Security Number)

Phone

Email

Address

Order Information

Please send official transcript by email or post to the following addresses:



Christina Angelilli - SIS Program Coordinator
christina@sienaitalianstudies.com



Siena Italian Studies
(c/o Christina Angelilli)
Via Fontebranda, 95
53100 Siena ITALIA

Authorization

I request an official transcript be sent to Siena Italian Studies.

Student Signature

Date