

Application For Semester In Italy Program

Full Name: _____ MSU ID#: _____

CURRENT ADDRESS

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

PERMANENT ADDRESS (parents)

Street/PO Box: _____ City: _____ State: _____

Telephone: _____

ACADEMIC INFORMATION

Major: _____ GPA: _____ Credits Completed: _____

Expected Date of Graduation: _____

Prerequisite Courses Taken	Semester	Grade
ARTH 200 - History of World Civ. I	_____	_____
ARTH 201 - History of World Civ. II	_____	_____
ARTZ 105 - Visual Language - Drawing	_____	_____

Are you receiving a scholarship that waives all or part of your tuition? _____

If yes, what is the amount of tuition that is waived? _____

Student Name: _____ DOB: _____

MEDICAL INFORMATION

Primary Insurance Company: _____

Policy Number: _____ Telephone Number: _____

Allergies: Include allergies to food, and medication, as well as environmental allergens.

Please list any chronic conditions, or aspects of medical history which a foreign physician should be aware in the event of illness, or injury.

EMERGENCY CONTACT INFORMATION (please list two)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Relationship: _____ Relationship: _____

Do you have a valid passport? _____ If yes, expiration date: _____

Have you traveled abroad before? _____ If yes, please list the countries: _____

Have you traveled with a group before? _____

Do you speak any foreign languages? _____

PASSPORT INFORMATION

Number: _____

Expiration Date: _____

I assume the risks of personal injury while attending the semester in Italy program in the School of Art. I permit the School of Art to arrange such emergency care as it may deem necessary. I will allow the involved hospital and/or doctor to administer the required treatment of the emergency condition. I also understand that all incurred costs are my responsibility.

STUDENT RESPONSIBILITY

You are expected to participate in all School of Art activities.

You are expected to stay in the room to which you are assigned.

You must comply with the directions of School of Art faculty.

You are responsible for and will be billed for any damages or missing property.

You are, at all times, responsible for your own conduct and safety.

You will assume all risks of personal property damage or loss.

Registrations may be revoked if the student is involved in a documented discipline incident during the program.

Failure to cooperate and conduct yourself in a manner consistent with these rules may jeopardize the program, your welfare, and the welfare of others. The University reserves the right to send you home at your expense if it is determined, at the University's discretion, that it is in your best interest, other participant's, and/or the School of Art's best interest.*

We appreciate your consideration. We feel confident that your time in this program will be meaningful, worthwhile experience. Please sign below for indication of your agreement with the policies stated above.

Student Signature

Date

****Students may be dismissed from the program without refund for the following reasons:***

Academic dishonesty: plagiarizing, cheating on tests, etc.

Student departure from the program or failure to participate in the program without cause or permission.

Engaging in illegal activities.

Engaging in abusive behavior or violence.

Sexual harassment.

Disruptive behavior and/or behavior that endangers others.

Damage to property.

Intoxication that becomes disruptive to the program.

Loss of mental or emotional balance to the point of becoming unsafe or disruptive.