St. Bonaventure University's Study in Italy Program

APPLICATION - ITEM 1

PERSONAL INFORMATION (Please print.)

			(3
Applicant's Last Name	First Name	Middle Initial	Nickname if applicable
Date of Birth	Sex (M/F)	City/State/Country of Birth	Student ID #
CURRENT MAILING A	DDRESS (Valid Until		
Street	manufacturing a service of the consecution of the c	Box/Apt. #	A CAMPAGNA CONTRACTOR
City		State	Zip Code
Telephone #		Email Address	
PERMANENT MAILIN	G ADDRESS:		
Street		Box/Apt. #	
City		State	Zip Code
Геlephone #		Email Address	
REFERENCES Please list names and dep	the Study in Italy Progr artment affiliation of TV	ram requires a minimum WO St. Bonaventure facul	ty or staff who can attest to your
cademic and personal ch	aracter. (At least one m	ust be a faculty member.) recommendation forms to	Please inform both that Dr. Panzarel
. Name:		Dep	artment:
. Name:		Dep	artment:
Signature and Direction			
articipation in the Progra	am is limited to the first	rella will check your SBU forty students to submit co St. Bonaventure Univers	academic and disciplinary records. Implete application materials along wity.
ignature:	and the second state of the second	Date	
eturn this form along wi although applications ma will not be priori	th Items 2, 3, and 4 and y be submitted without tized until receipt of the	he deposit, students	Dr. Patrick Panzarella English Department: D5 Plassma

St. Bonaventure University's Study in Italy Program



APPLICATION ITEM 2

COURSE SELECTION

Name:		
Choose <u>two</u> of the following courses taught b	y St. Bonav	enture Faculty:
Clare 102: Inquiry in the Natural World _Clare 109: Arts and Literature Italian Language(Please indicate level)L	3 credits	Dr. DiMattio Dr. Panzarella
		Dr. Bianco
OR: one of the above courses and one of the courses list Institute (Tentative Listing Subject AR 310: Archaeology of Central Italy AH 321: Survey of Renaissance Art DA 235: Intermediate/Advanced Ballet DA400: Choreography HS/PS 305: History and Politics of Modern SA 280: Oil Painting SA 290: Photography - Portfolio of Italy SA 250: Watercolor and Pastel Painting in	t to Change)	ered by The Umbra
IT 352: Food Cultures of Italy EN 390: Creative Writing: Italy of the Imag	gination	
Do you have a passport valid through the e		e, 2005?
*If you do not yet have your passport, please get		s possible

APPLICATION - ITEM 3

Emergency Information

<u>Please provide the information below for the person that should</u> <u>be contacted in the event of an emergency.</u>

Student Name			Birth Date
E-mail			
Person to	contact in the	event of an emergency	
Relationship			
Phone #'s Address		Work:	
In the event th		cannot be contacted, please pro	vide a secondary contact person
2 nd Name			
Relationship			
Phone #'s	Home:	Work:	Cell
Address			
e-mail			<u> </u>

St. Bonaventure University's Study in Italy Program



APPLICATION - ITEM 4

CERTIFICATION OF INSURANCE

(Health, Accident, Medical, Hospital)

My insurance carrier has certificated will cover me while I am overs	ied to me that the following polices:	cy, which is currently in effect,	
Name of Company:			
Address:			
	State:		
Policy Number:	ugh:		
health, accident, medical	erseas study program for	ring the entire period I wil	.1
Signature:		ite:	
6			

If you do not currently have insurance, you must purchase adequate coverage. All

participants must be insured. This is for your protection.