

First Name **Last Name** **Date of Application** / /

PROGRAM CHOICE (required)	<input type="checkbox"/>	Year or Semester Abroad Program	<input type="checkbox"/>	Florence Foundation Abroad Program	<input type="checkbox"/>	Post-Baccalaureate Certificate Program	<input type="checkbox"/>	Summer Studies
TERM(S) (required)	<input type="checkbox"/>	Fall	-Academic Year-	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Summer Studies	Year _____
INTENDED AREA OF STUDY	<input type="checkbox"/>	Studio Art	_____	(Specify Studio Art)	<input type="checkbox"/>	Art History	<input type="checkbox"/>	Humanities

PERSONAL DATA

Current Address _____ **Phone** () _____
number and street city state zip code country

Permanent Address _____ **Phone** () _____
number and street city state zip code country

Date of Birth _____ **Country, City and State of Birth** _____
(day, month, year)

Sex M F **Citizenship** _____ **Passport#** _____
(circle one)

Your E-Mail at School _____ **Your Personal E-Mail** _____

Name of Father _____ **Phone** () _____ **E-Mail** _____
occupation, address if different from permanent

Name of mother _____ **Phone** () _____ **E-Mail** _____
occupation, address if different from permanent

How did you learn about Firenze Arti Visive? (Please be specific) _____

EDUCATIONAL DATA

School Presently Attending (or from which you graduate) _____ **Currently Enrolled or Attending?** Yes No

Address of Institution _____ **Phone** () _____
Full address where transcripts should be mailed

Status (year) _____ **Date of graduation** _____ **Major** _____ **Minor** _____ **Cumulative GPA** _____

Art Studies in College _____

List all colleges/universities at which you have taken courses for credit:

FINANCIAL INFORMATION

Tuition and fees will be paid by: _____

Address _____ **relationship to applicant** _____
number and street city state zip code country

Phone (home) () _____ **(work)** () _____ **E-Mail** _____

Check this box if you are applying for a Firenze Arti Visive Scholarship.

FINANCIAL AID OFFICE VERIFICATION FOR STUDENTS

Will you receive financial aid through your home school? Yes No
If yes, please specify amount and type of aid, if not determinate, write TBD

Financial Aid Officer: I certify that the above student will be receiving financial aid applicable for Firenze Arti Visive

Signature _____ **Date** _____

Name (print) _____ **Phone** () _____ **Fax** () _____

Institution _____ **E-Mail** _____

Address _____

The date the application is completed determines the order in which students are registered for classes. Some courses are not offered each term. For this reason remember to write your alternative classes. Students who wish to pre-register for courses at the Intermediate or Advanced level should include with their application slides, photos, CDs, or videos of at least six art works already undertaken in each of these area of study. These materials may be sent separately via e-mail or normal mail prior to the start of the term.

YEAR OR SEMESTER ABROAD

COURSES SELECTION FOR PRE-REGISTRATION (students are not guaranteed placement in selected courses)

Fall Term (list number and title of course in order of preference)	Spring Term (list number and title of course in order of preference)
1 st class _____ Alternative _____	1 st class _____ Alternative _____
2 nd class _____ Alternative _____	2 nd class _____ Alternative _____
3 rd class _____ Alternative _____	3 rd class _____ Alternative _____
4 th class _____ Alternative _____	4 th class _____ Alternative _____
5 th class _____ Alternative _____	5 th class _____ Alternative _____

SUMMER STUDIES

COURSES SELECTION FOR PRE-REGISTRATION (students are not guaranteed placement in selected courses)

Summer Term (list number and title of course in order of preference)

1st class _____
Alternative _____

2nd class _____
Alternative _____

TO BE COMPLETED BY STUDY ABROAD ADVISOR

In your judgment, has the applicant the maturity to undertake serious study in a foreign country? _____

Explain _____

Can you provide any information to assist Firenze Arti Visive in planning the applicant's experience in Italy? _____

Signature _____ Date _____

Name (print) _____ Phone () _____

Title _____ E-Mail _____

Department _____ Address _____

If the student is taking classes for credit, the advisor must check one of the boxes below in order for this application to be processed.

- Check here if your institution will accept Firenze Arti Visive transcripts.
- Check here if Chester College of New England transcripts are required for transfer of credit (a transcript fee will be charged)

STUDENT AGREEMENT

I, the undersigned, applying to Firenze Arti Visive, do waive and release all claims against Firenze Arti Visive and its agents or employees for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, government restrictions or regulations, or arising from any act of omission of any steamship, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or other firm, agency, company, or individual. I also release Firenze Arti Visive and its agents, and agree to indemnify them, with regard to any financial obligations or liabilities that I may incur or any damage or injury to the person or property of others that I might cause while participating in the Firenze Arti Visive program.

I understand that Firenze Arti Visive is not responsible for any injury or loss whatever suffered by me during periods of independent travel which I understand are unsupervised or during my absence from Firenze Arti Visive supervised activities.

I hereby grant Firenze Arti Visive and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Firenze Arti Visive and its agents, at their discretion, to place me at my own (or my parents') expense, and without my further consent, in the hospital for medical services and treatment, or, if no hospital is readily available, to place me in the hands of a local medical doctor for treatment. If deemed necessary or desirable by Firenze Arti Visive or its agents, I authorize them to transport me back home by commercial airline or otherwise at my own (or my parents') expense for medical treatment.

I will comply with Firenze Arti Visive's rules, standards, and instructions for student behavior. I hereby waive and release all claims against Firenze Arti Visive and its agents or arising at a time when I am not under direct supervision of Firenze Arti Visive and its agents or arising out of my failure to remain under such supervision or to comply with such rules, standards, and instructions, and I agree to indemnify Firenze Arti Visive and its agents against any consequence thereof. I agree that Firenze Arti Visive shall have the right to enforce appropriate standards of conduct and that it may at any time terminate my participation in the program for failure to maintain these standards or for any action or conduct which Firenze Arti Visive considers to be incompatible with the interest, harmony, comfort, and welfare of other students. If my participation is terminated, I consent to being sent home at my own (or my parents') expense with no refund of fees.

On group tours, classes or other activities arranged by Firenze Arti Visive I will accept the will of the majority whenever a matter of choice is presented to the group. I will also accept in good faith the instructions and suggestions of Firenze Arti Visive or its agents in all matters relating to Firenze Arti Visive's or the personal conduct of participants.

I understand that from time to time Firenze Arti Visive's publicity material may include statements by its students and/or photographs, and I consent to such use of my comments and photographic likeness.

I understand Firenze Arti Visive reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions in the interest of each group. I also understand that, if I leave the program voluntarily for any reason, there will be no refund of tuition fees.

All references in the agreement and release to "Firenze Arti Visive and its agents" shall include Firenze Arti Visive and all of its officers, trustees, directors, staff members, employees, agents and affiliated educational institutions and companies. All references herein to the "parents" of the applicant shall include the legal guardian or other adult responsible for the applicant. I understand that this agreement shall become effective only upon acceptance by Firenze Arti Visive.

Applicant's Signature _____ Date _____

HOUSING FORM

Firenze Arti Visive places students in apartments throughout the historic center of Florence but cannot guarantee any particular type of housing, neighborhood or proximity to the school. The Housing Office attempts to make assignments based on roommate preferences but we cannot guarantee every compliance with your request. Housing covers the academic term only. The school's program cost provides furnished apartments and includes reasonable use of utilities. In order for housing to be reserved full payment of fees must be paid according to the payment schedule. Students will be billed for any necessary repairs for possible damage.

Please fill out and sign the following form and mail it with your Application for Admission by the application deadline for your term.

Student's full name _____

Permanent Address _____
number and street city state zip code country

Sex M F Age _____ Citizenship _____
(circle one)

Specify your Term Fall Semester 201..... Spring Semester 201..... Summer Studies 201.....

HOUSING OPTION

Please check one of the boxes below in order to provide your housing typology.

Double bedroom in an apartment with other Firenze Arti Visive students, sharing the bedroom, kitchen and bathroom.

Single bedroom in an apartment with other Firenze Arti Visive students, sharing kitchen and bathroom.
(students must pay an additional charge for single bedroom)

There are a limited number of single bedrooms available.
Housing assignments will be made only if the single bedroom supplement has been paid.

Please provide the following information to assist us with your housing placement (circle one)

Do you smoke? Yes No _____

Would you accept co-ed housing (same gender roommate in co-ed housing)? Yes No _____

Is there another Firenze Arti Visive student you would like to share an apartment with? Yes No _____

If yes, please list his/her name (name must appear in both person's housing form)

I like to go out every night Yes No _____

I like to cook meal at home Yes No _____

I like to stay up late Yes No _____

Do you have any specific housing needs that the Housing Office should be aware of? Yes No _____

If yes, please explain

HOUSING CONTRACT

- I.....understand that I must pay in advance the full sum indicated on the payment schedule.
- I understand that no housing refund will be given if I withdraw from Firenze Arti Visive after the first day of the term.
- I understand that no housing refund will be given if I withdraw from Firenze Arti Visive prior to the end of the rental period.
- I understand that housing check-in is 10 am to 7pm on check-in day.
- I understand that I must leave the assigned apartment no later than 12 (noon) on check-out day.
- I understand that I must leave the assigned apartment in good condition.
- I understand that a 50 euro final cleaning fee will be applied.
- I understand that a 200 euro refundable deposit will be applied.
- I understand that for damages to the apartment I will be charged.
- I agree to respect the building rules especially with regards to late night noise, consideration to the neighbors and garbage collection. I agree to not have overnight guests. I am aware that I will be responsible for any consequences deriving from negligence of the above.
- I understand that Firenze Arti Visive reserves the right to expel from the assigned apartment any students whose behavior does not conform with civilized standards of behavior.
- I understand that Firenze Arti Visive may withhold my grades until any issues arising from my occupancy of Firenze Arti Visive housing is resolved.
- I agree to abide by the regulation of Firenze Arti Visive.
- I authorize the use of my personal information by Firenze Arti Visive, which will treat it in accordance with Italian Law 196/03 on privacy (this means your personal information will be used only by Firenze Arti Visive and not given to any other entity).

Applicant's Signature _____ Date _____

PLEASE READ ALL PAGES AND DO NOT FORGET TO SIGN THE HOUSING FORM

Please send applications by mail, E-mail or fax to:

Firenze Arti Visive
Borgo Santa Croce, 8
50122 Firenze
Italia

Fax: +39 055 24 66 868

E-mail: info@firenze-artivisive.org