



HOW TO APPLY

- The completed application and housing forms appropriately signed and dated.
- A \$60.00 US non-refundable processing fee. International money order or personal check payable to Firenze Arti Visive.

Mail to:

Firenze Arti Visive
Borgo Santa Croce 8
50122 Florence
Italy

Applicants must also submit the following materials to Firenze Arti Visive.

- Portfolio. Students registering for *advanced* level classes are required to submit a portfolio of 10 images that represent their work to Firenze Arti Visive. Format: 8”X10” prints, slides, CD or DVD, digital images sent via email-- in JPG format or Adobe PDF.

Note: portfolio materials will not be returned, please do not send original work.

You will receive a confirmation email when you are accepted into the program.

Once you are accepted, you will need to send a non-refundable \$700 program deposit to reserve your space at Firenze Arti Visive. An early payment of the deposit ensures your place in the program. When we receive your deposit you will be officially enrolled.

We will send to you by email the following before your departure:

- Official Enrollment Letter and detailed semester calendar.
- Receipt of your program deposit.
- Invoice for your program cost.
- Application packet: This includes course registration forms, medical forms, financial support form, passport information and additional information on how to apply for a student study visa. These must be filled out and returned with payment according to the payment schedule listed on your invoice.
- Pre-Departure Student Handbook.

Make sure you return to Firenze Arti Visive:

- Completed forms in application packet.
- \$60 processing fee.

The remaining balance of the program cost is due approximately 8 weeks before your program begins. Check due dates on your invoice to ensure timely payment.

Application for your Student Visa. Firenze Arti Visive will send detailed instructions on how to apply for the student visa.



HOW TO APPLY

Program deposits:**Semester Students:**

- \$700 Program Deposit

Summer Students

- \$500 Program Deposit

Program Deposit Guidelines:

No student will receive a letter of enrollment at Firenze Arti Visive until the program deposit has been paid. The program deposit is non-refundable. The remaining program cost is due approximately 8 weeks prior to the beginning of the semester.

The Program cost must be paid in full by the final deadline. Those who fail to pay the full program cost by this date will incur a \$100 late fee and may be automatically dropped from the program.

Methods of Program Payment:

All payments must be made via bank-to-bank transfer.

Detailed information for payment will be included in your application packet materials.

Withdrawal Policy:

Payment made to Firenze Arti Visive after an offer of admission indicates an agreement and acceptance of the program refund policies. Cancellation and/or withdrawal from Firenze Arti Visive must be made in writing. Students who wish to cancel their enrollment at Firenze Arti Visive prior to the start of the term will receive a refund of monies according to the schedule listed on the student invoice. Students who withdraw after the first day of the term as written on the Firenze Arti Visive Invoice are not eligible for any refund of program costs, students may be charged for excessive damage of the apartment as determined by the Housing Director). Students may be allowed to transfer tuition only to a future term with the approval of the administration. The Firenze Arti Visive processing fee and program deposit are non-refundable and is therefore not shown on the invoice refund policy. Students attending multiple terms are subject to this policy for all terms of study. In addition, each student is held liable for all costs associated with the collection of his or her past-due account including, but not restricted to, legal fees and court costs.

Send all Application Materials to:

Firenze Arti Visive
Borgo Santa Croce 8
50122 Florence
Italy

APPLICATION FOR ADMISSION

Firenze Arti Visive Florence

NAME	DATE OF APPLICATION: / /				
PROGRAM CHOICE	YEAR ABROAD _____	SEMESTER _____	LATE SPRING / SUMMER STUDIES _____		
TERM(S)	FALL _____	SPRING _____	LATE SPRING _____	SUMMER _____	YEAR _____

PERSONAL DATA					
Current Address				Phone()	
<i>street and number city state zip country</i>					
Permanent Address					
<i>street and number city state zip country</i>					
Date of Birth					
<i>(mm/dd/yyyy)</i>		<i>country,</i>		<i>city, state of birth</i>	
Sex (circle one)	M	F	Citizenship		
Your school E-Mail			Your personal E-Mail		
School Presently Enrolled					
School Address			Phone()	Fax()	
<i>full address where transcripts should be mailed</i>					
Year	Major	Minor	Cumulative GPA		
Name of Father			Phone()	E-Mail	
<i>address</i>					
Name of Mother			Phone()	E-Mail	
<i>address</i>					
Art Studies					
How did you learn about Firenze Arti Visive?					

FINANCIAL INFORMATION					
Tuition and fees paid by:					
Address:					
<i>street and number city state zip country</i>				<i>relationship to applicant</i>	
Phone()	Fax()		E-Mail		

FINANCIAL AID OFFICE VERIFICATION FOR STUDENTS					
Will you receive financial aid through your home school?(circle one) Yes No					
<i>If yes, please specify amount and type of aid, if not yet determined, write TBD</i>					
Financial Aid Officer: I certify that the above student will be receiving financial aid applicable for Firenze Arti Visive					
Signature:			Date:		
Institution			Phone()	Fax()	
Address			E-Mail		

Mail to:
 Firenze Arti Visive • Borgo Santa Croce 8 • 50122, Florence • Italy

COURSE SELECTION PRE-REGISTRATION	SEMESTER / YEAR / SUMMER
Fall Semester (List title and course number)	Spring Semester (List title and course number)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Alternative Class Choice (List title and course number)	
1.	1.
2.	2.
SUMMER TERM (List title and course number)	
1.	
2.	
Alternative Class Choice (List title and course number)	
1.	
2.	

TO BE COMPLETED BY THE ACADEMIC ADVISOR		
In your judgement, does the applicant have the maturity to study in a serious study abroad program?		
Please explain.		
Signature:	Date:	
Name(print)	Title	
Institution	Phone()	Fax()
Address	E-Mail	

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 credits directly.

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, weather, sickness, quarantine, war, government restrictions or regulations, or arising from any act of omission of any airline, railroad, steamship, 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 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, 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. 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. 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 or the personal conduct of participants.

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 program cost and fees. 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. If my participation is terminated, I consent to being sent home at my own (or my parents') expense with no refund of fees. 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. 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 CONTRACT

Firenze Arti Visive *Florence*

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.

Charges for any damages to equipment or the apartment facilities will be equally divided among all Firenze Arti Visive occupants unless one tenant assumes individual responsibilities for such damages. Occupants will be charged for excessive use of utilities and divided accordingly.

I agree to leave the apartment and spare linens clean upon my departure. I agree to replace any damaged objects and return furniture to its original place. I understand a 50 euro final cleaning fee will be applied. I understand that a 150 euro refundable deposit will be applied.

I agree to respect the building rules especially with regards to late night noise, consideration to the neighbors and garbage collection. I agree not to 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 may withhold my grades until any issues arising from my occupancy of Firenze Arti Visive housing is resolved.

I have read and understand the above.

Applicant's Signature

Date

***PLEASE READ ALL PAGES CAREFULLY AND DO NOT FORGET
TO SIGN THE HOUSING CONTRACT***