



The Institute at Palazzo Rucellai

Via della Vigna Nuova 18, Florence, Italy 50123
Phone: (from US) 011. 39 .055 .264.5910 Fax: (from US) 011.39. 055 .264.6721
Info: info@palazzorucellai.org Web: www.palazzorucellai.org

APPLICATION FOR ADMISSION

Admission Requirements

The Institute welcomes applications from students who have completed at least one year of study in good standing (30 credits – sophomore standing) at accredited colleges and universities with a minimum GPA of 3.00 or equivalent. The admissions committee seeks students that have exhibited the maturity, responsibility, openness and willingness to benefit from and contribute to the study abroad experience. **Transcripts and a personal essay are required for admission, as well as two letters of recommendation, preferably from faculty at the student's home institution.**

Application Procedures

To apply, students are asked to:

Complete all sections of Application Forms.

- Form A:** All parts completed and signed with essay included.
- Form B:** Course Selection and Approval completed and signed.
- Form C:** Housing Request Form.
- Official transcript** from current college or university (may be sent separately).
- Four face-only (1-1/2" x 2") official color passport photos** with your name written on back

Materials should be mailed or faxed to: The Institute at Palazzo Rucellai
Via della Vigna Nuova 18
Florence, Italy 50123
Fax: 011-39-055-264-6721 (when dialing from the U.S.)

Upon acceptance into the program students will receive a:

1. **Letter of acceptance.**
2. **Letter of enrollment in Italian required in order to obtain a study visa at the Italian Consulate.**
3. **Course confirmation/update of course selection.**
4. **Pre-Departure Handbook.**

Note: It is recommended that you schedule an appointment with your academic advisor or staff at the study abroad office at your home institution (or with the faculty/staff member designated to advise on international programs). The advisors can inform students as to which subjects studied overseas can count toward completion of major requirements, and ensure that credits are awarded for coursework completed while studying at the Institute.

The Institute establishes an application file upon receipt of any of the above materials. The materials need not be mailed together. However, admission decisions will not be communicated until all materials have been received. Upon acceptance to the Institute, applicants must submit a non-refundable deposit of US \$500 which will be applied to the program fees. Admission into the program will not be secured without the deposit.

I understand that submitting an application for a study abroad program does not guarantee acceptance into the program. Candidates must meet program requirements and be approved by the program's admissions committee. Participation is also subject to availability; some courses and programs fill up early. I further understand that the program or individual courses may be cancelled due to low enrollment or other factors and I understand that I will be informed of such a decision no later than four weeks before planned departure date or as soon as possible after any adverse circumstances that cause the program to be cancelled.

I hereby release and forever discharge the Institute, its members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation in the Program. I further covenant and agree that for the consideration stated above I will not sue the Institute, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in this program.

I hereby authorize officials at any educational institution that I have attended to release my disciplinary records (including but not limited to records maintained by the Registrar, the Department of Housing, and/or the Office of Academic Affairs) to the study abroad program director of the program to which I am applying. I understand that my disciplinary records may be a factor in evaluating my application.

I further acknowledge that the information provided on this application is true and accurate to the best of my knowledge. I fully understand that providing false information during the application process may be grounds for rejecting my application or grounds for dismissal without compensation from the study abroad program.

Name (please print) _____ Date _____

Signature _____



Part I - Personal Information

First Name: _____

Last Name: _____

Birth Date: _____ Age: _____ Sex: Male Female

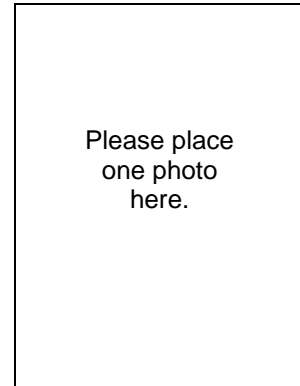
Social Security Number: _____

E-Mail Address: _____

U.S. Permanent Street Address _____

City, State, ZIP code _____

Home Phone: _____



Father (Guardian I) Name: _____

Permanent Street Address: _____

City, State, ZIP Code: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Mother (Guardian II) Name: _____

Permanent Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Passport Information (if available)

Citizenship: _____ Passport Number: _____

Date of Issue: _____ Date of Expiration: _____

Place of Issue (Passport Agency): _____

Part II – Academic Information

Present College/University: _____

Street Address: _____

City, State, Zip Code: _____

Overall G.P.A. _____ G.P.A in Major _____

Major(s) _____ Minor(s) _____

Academic standing during the semester/session for which you are applying:

- Sophomore Junior Senior Post-graduate

Part II – Academic Information *(continued)*

Please list other colleges/universities previously attended:

School Name: _____

Dates Attended : From _____ to _____

Degree(s) awarded _____ on Date: _____

Part III - Personal Activities

Are you currently employed? Yes No Occupation: _____

Please give a brief description of your position. _____

Name of Employer _____

Please list any primary extra- and/or co-curricular activities in which you are involved.

Part IV – Health

Name of any disease, ailments, injuries: _____

Are you currently under the care of a physician or any health care professional? Yes No

Are you presently taking any prescription drugs on a regular basis? Yes No

If yes, please describe: _____

Do you have any allergies? _____

Are you on a restricted diet? _____

Do you have any physical disabilities? _____

Do you smoke? _____

Have you had asthma or any other respiratory ailment? _____

Part VI – Essay *(not required for summer applicants)*

Below write a brief essay expressing why you want to study abroad, what about the host country's culture interests you most, and what you hope to attain through this experience to help support your personal, academic, and career goals.

Course Selection
The Institute at Palazzo Rucellai – Florence, Italy

Print Name: _____

Phone: _____

E-mail: _____

I am applying for (check one): Regular course of study - Non-Architecture Program
 Architecture Program

Application for: (Please check only one)

Full Year (Both Fall and Spring semesters) Fall Semester 20____ Spring Semester 20____
 Summer Session 20____

Please note: Place an asterisks (*) in the "Required" column next to any course that you must have in order to participate in the program.

	Number	Description	Required	Credits
Course 1	IT _____	Italian Language (required for semester study)		4
Course 2				
Course 3				
Course 4				
Course 5				
Total Credits				

Please choose at least two **alternate** courses

	Number	Description	Credits
Alternate 1			
Alternate 2			
Alternate 3			

I approve the above course selections and alternates:

Applicant's Signature: _____ Date: _____

ADVISORS APPROVAL SECTION – This section is NOT REQUIRED but highly recommended if you expect to receive credits towards graduation requirements at your home institution.
 To be completed by the person authorized to approve/recommend transfer credit at home institution.

I have read the above preliminary course selection and approve/recommend it for transfer credit contingent on completion of the program and receipt of the student's official transcript.

Print Name: _____

Title: _____

College/University: _____

Phone: _____ E-Mail: _____

Signature: _____ Date: _____

Housing Request Form

FORM C

The Institute at Palazzo Rucellai – Florence, Italy

Please print clearly

Student Name: _____

Age: _____ Sex: Male Female

Permanent Street Address: _____

City, State, ZIP Code: _____

Phone: _____ E-Mail: _____

Do you have someone with whom you would like to be roommate/housemate? Yes No

If yes, please provide the information below:

Name of person with whom you would like to share your room: _____

Alternate roommate(s): _____

Please note that requests for roommates must be mutual in order to be accommodated.

Names of people with whom you would like to share your apartment: _____

Do you have any health or personal needs, including food illnesses or requirements that should be considered in your apartment assignment? Yes No

If you answered yes, please explain: _____

Check the following characteristics that you feel describe you:

- night person
- morning person
- enjoy living in a group
- socially active
- neat
- studious
- fast paced
- slow paced
- sportive
- prefer to live alone
- easy going
- enjoy music

Preferences – Please put the following in the order of importance.

From 1 most important to 5 least important.

- ___ Near to the school
- ___ Live with my chosen roommate(s)
- ___ Live with new people
- ___ Live with many people (more than 5)
- ___ Live with a few people (less than 4)

Is there any additional information that should be taken into consideration when assigning your housing:

Agreement: I understand that the Institute will attempt, but cannot guarantee, to accommodate me according to my housing requests.

Signature: _____ Date: _____

PASSPORT AND VISA REQUIREMENTS

All students must obtain a valid Passport.

Passport applications forms may be obtained from county court houses, post offices or directly from federal Passport agencies in major cities. **IMPORTANT:** Passports may require up to six weeks to process, please plan accordingly.

Semester Students must obtain a Student Visa.

All non-European Union students residing in Italy for more than 90 days are required to have a student visa. Student visas are issued by Italian Consulates in the United States. Applications are available from the Italian Consulate nearest the student's permanent address. The requirements to apply for the student visa may differ from consulate to consulate. For information visit <http://www.italyemb.org>

Required items for student visa include, but may not be limited to, the following:

- * Valid passport (See above)
- * Enrollment letter (Italian version: The Institute provides this upon your acceptance to the program.)
- * Two copies of proof of Health Insurance letters (This is in addition to the coverage provided by the Institute.)
- * Two original notarized letters from parent's or legal guardian stating that they accept full financial responsibility during your stay in Italy.

IMPORTANT: One set of originals is for the Italian Consulate in the U.S. Please be sure to bring the second set of originals with you to Italy; the second set is required when you register as a student in Italy. Visa processing may vary, DO NOT DELAY.

QUESTIONS?

Please do not hesitate to contact us by e-mail, fax or telephone to clarify any information.

ITALIAN CONSULATES IN THE UNITED STATES

Contact the consulate closest to your permanent residence.

BOSTON

100 Boylston Street - Suite 900 - Boston MA 02116 Tel. (617) 542-0483/4 - Fax (617) 542-3998
Homepage: www.reference.it/cqboston - Email: it.conbos@ix.netcom.com
Jurisdiction: Maine, Massachusetts, New Hampshire, Rhode Island, Vermont.

CHICAGO

500 North Michigan Avenue - Chicago IL 60611 Tel. (312) 467-1550/1/2/3/ main number - Fax (312) 467-1335
Homepage: www.consitchicago.org Jurisdiction: Colorado, Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin, Wyoming

DETROIT

Buhl Building - 535 Griswold - Suite 1840 - Detroit MI 48226 Tel. (313) 963-8560 - Fax (313) 963-8180
Email: conitdet@crl.com - Homepage: www.crl.com/~conidet Jurisdiction: Indiana, Kentucky, Michigan, Ohio, and Tennessee

HOUSTON

1300 Post Oak Boulevard - Suite 660 - Houston TX 77056 Tel. (713) 850-7520 main number - Fax (713) 850-9113
Jurisdiction: Arkansas, Louisiana, Oklahoma, Texas

LOS ANGELES

12400 Wilshire Boulevard - Suite 300 - Los Angeles CA 90025 Tel. (310) 820-0622/826-6207 - Fax (310) 820-0727
Email: cglos@aol.com - Homepage: www.conlang.com
Jurisdiction: Arizona, California (*following counties: Imperial Valley, Kern, Los Angeles, Orange, Riverside, Santa Barbara, San Bernardino, San Diego, San Louis Obispo, Ventura*) New Mexico, Nevada

MIAMI

1200 Brickell Avenue - 7th Floor - Miami FL 33131 Tel (305) 374-6322 main number - Fax (305) 374-7945
Homepage: www.italconsmiami.com
Jurisdiction: Alabama, British Virgin Islands, Cayman Islands, Florida, Georgia, Island of Saba, Mississippi, Puerto Rico, St. Maarten, St. Eustatius, South Carolina, Turks and Caicos, U.S. Virgin Islands

NEW YORK

690 Park Avenue - New York, NY 10021 Tel. (212) 737-9100 main number - Fax (212) 249-4945

Homepage: www.italconsulnyc.org - Email: italconsNY@aol.com Jurisdiction: Connecticut, New Jersey [following counties (*): *Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union, Warren*] New York, Bermuda (*) For visas only.

NEWARK

744 Broad Street - Suite 2800 - Newark NJ 07102 Tel (201) 643-1448 - Fax (201) 643-3043

Email: ITALVCNK@ix.netcom.com

Jurisdiction: New Jersey [only following counties(*) : *Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union, Warren*] (*) For visas residents of the above counties must contact Italian Consulate General in New York.

PHILADELPHIA

1026 Public Ledger Bldg. - 100 South 6th Street - Philadelphia PA 19106-3470 Tel (215) 592-7329 - Fax (215) 592-9808

Email: conphila@op.net

Jurisdiction: Delaware, Maryland, (except *Montgomery and Prince George's Counties*), New Jersey (following counties: *Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Salem, Somerset*), Pennsylvania, North Carolina, Virginia (except *Arlington and Fairfax counties*), West Virginia

SAN FRANCISCO

2590 Webster Street - San Francisco CA 94115 Tel (415) 931-4924 - Fax (415) 931-7205

Homepage: www.italcons-sf.org

Jurisdiction: Alaska, California (except for the following counties: *Imperial Valley, Kern, Los Angeles, Orange, Riverside, Santa Barbara, San Bernardino, San Diego, San Louis Obispo and Ventura which are under the jurisdiction of Italian Consulate General in Los Angeles*), Idaho, Montana, Oregon, Utah, Washington, Hawaii

WASHINGTON D.C.

3000 Whitehaven St. NW Visa Office - Washington DC 20008 Tel (202) 612-4400 - Fax (202) 518-2154

Homepage: <http://www.italyemb.org/>