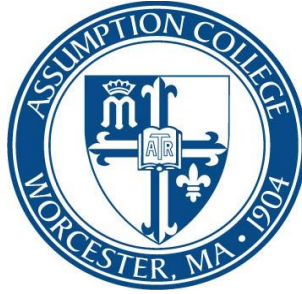


# ASSUMPTION COLLEGE SUMMER Rome Program APPLICATION



## APPLICATION CHECKLIST

*Applications will be considered complete when the following documents have been submitted:*

- This application completed and signed by the applicant, or if a minor, parent or guardian.
- 500-word essay written and signed by the applicant. Prompts below.
- Photocopy of current passport, indicating and expiration date 6 months past the end of the program.

*Please note that academic transcripts and conduct records for all applicants will be checked, and are factors in the review process.*

*Applications are reviewed after the deadline has passed. A \$650.00 refundable deposit is required two weeks after acceptance.*

## PERSONAL DATA – Please type or print legibly

Full Name \_\_\_\_\_

Please type or print your name exactly as it appears on your passport including middle name and/or initials as this is required by Transportation Security Administration (TSA)

	first	middle	last
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Name of college or university currently attending \_\_\_\_\_

Home address  
street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

College address  
street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

**PERSONAL DATA, CONTINUED**

Citizenship (Country) \_\_\_\_\_ Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Parent's or Guardian's name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Business phone \_\_\_\_\_ Family e-mail address \_\_\_\_\_

Emergency Contact, if different from above \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Business phone \_\_\_\_\_ Family e-mail address \_\_\_\_\_

**ACADEMIC PLANNING**

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I have reviewed the course(s) on offer in Rome during summer session and discussed my plans to study with my academic advisor.

**HOUSING PREFERENCE**

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Every effort will be made to accommodate student requests for housing location and roommate selection, but the program maintains the prerogative to determine where students will be housed and with whom, based on overall enrollment in the program. Indicate top three choices, in order of preference in the box provided: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>.

Villino Dufault, double room, with (name preferred roommate) \_\_\_\_\_.

Villino Dufault, single room

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**WELLNESS IN ROME** -- Please type or print legibly

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Do you have any special dietary needs?  
If yes, please describe

yes  no

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Do you have any allergies or chronic ailments of which our Program Director should be aware?  
If yes, please describe

yes  no

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Are you presently under treatment for any emotional matters?  
If yes, please describe

yes  no

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Are you presently taking any prescription drugs on a regular basis?  
If yes, please describe

yes  no

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**TERMS OF PARTICIPATION**

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Students must sign the application agreeing that this will comprise the agreement between Assumption College Summer Study in Rome and its students and parents/guardians.

I, \_\_\_\_\_, agree to fulfill all financial and academic obligations incurred while participating in any international education program, and I understand that failure to do so may affect my education abroad status and/or my status at Assumption College. I further understand and agree to the following conditions:

1. **ADMISSION.** I shall qualify for admission to the program by satisfying all educational requirements, including, but not limited to, payment of applicable tuition and fees.

2. **RELEASE OF INFORMATION.** I give permission to Assumption College to obtain and release information to my home institution or third party agency as is appropriate to my application and participation in an abroad program including: letters of recommendation, permanent academic, medical, and disciplinary records, and other similar records for the purposes of placement, participation, continuation or termination.

3. ELIGIBILITY AND ACADEMIC PROGRESS. I understand that my participation in Assumption College's Summer Study in Rome is contingent on my maintaining all eligibility requirements prior to and during the period of the program. If eligibility is not maintained, Assumption College may terminate my participation in the program. I will enroll in the required number of credit hours and remain in good academic standing while participating in the program. I understand that failure to do so may jeopardize my participation as well as my academic record at Assumption College. I understand that course pre-requisites required by Assumption College must be met and that course registration is based on availability of offerings and cannot be guaranteed.

4. PERSONAL CONDUCT. I understand that Assumption College's Honor Code and Student Academic Honest Policy are in effect at the Rome campus, and all home AC rules, regulations and policies apply, both academic and social. I understand that Assumption College has the right to withdraw a student from a program at any time because of violation of such rules, disruptive behavior, academic reasons, or for conduct that could bring the College into disrepute or legal jeopardy. Such decisions will be final and no refund will be made. I will not hold the College liable for any claims incurred by reason of failure or refusal to conform to the requirements.

5. PROGRAM CHANGES. I understand and agree that any information about a particular program provided by Assumption College, while based on Assumption College's best information and belief, is descriptive only. Assumption College reserves the right to make changes in any published itinerary whenever, in Assumption College's judgment, conditions warrant, or if Assumption College deems it necessary for the comfort, convenience or safety of participants.

6. TRAVEL. I understand that I will be traveling during the program by various modes of transportation including, but not limited to, plane, train, bus or van. I release Assumption College, its employees, agents, trustees, and staff from any loss of property, injury or death during such travel.

7. MEDICAL TREATMENT. I agree that I am responsible for any medical treatment of any nature that I may require and I agree to accept all financial responsibility for such treatment.

8. INSURANCE COVERAGE. I understand that I am required to maintain adequate health, accident, disability, hospitalization, and travel insurance during the enrollment period and must provide documentation of insurance, which includes evacuation and repatriation coverage, to Assumption College prior to departure. I am responsible for filing and negotiating all insurance claims directly with my insurance company or companies.

9. RELEASE AND INDEMNIFICATION OF CLAIMS. In consideration for permitting me to participate in the above activity, I agree to release on behalf of myself, my heirs, representatives, executors, administrators, and assigns; Assumption College, its trustees, officers, agents and/or employees from any cause of action, claim(s) or demand(s) of any nature whatsoever which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against Assumption College, its trustees, officers, agents and/or employees (except to the extent the College is negligent) on account of personal injury(s), property damage, death, or accident of any kind, arising out of or in any way related to my participation in the above activity, whether participation is supervised or unsupervised. I also agree to indemnify and hold harmless Assumption College, its trustees, officers, agents and/or employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) arising out of my participation in the above activity.

10. LEGAL RESPONSIBILITIES. I understand that I must comply with the laws and appropriate cultural conduct of the countries I am visiting. I agree to conduct myself in a manner that will comply with the honor code of Assumption College. If I experience legal problems with any foreign nationals or governments, I will attend to the matter personally with my own personal funds. Assumption College does not guarantee what, if any, assistance it can provide under such circumstances.

11. TUITION, FEES, AND REFUNDS. I will pay all required tuition, fees, travel, housing, and meals charges as required and I understand that all program expenses and financial obligations are my responsibility. I understand that no refunds for program charges will be made after departure. Withdrawal, departure or dismissal from any program prior to its formal completion will result in forfeiting any deposit(s) and will require that I pay all costs incurred. I understand and agree that if I withdraw, depart or am dismissed after the program begins, I will not be eligible for any academic credits associated and may face disciplinary action from Assumption College.

12. RESPONSIBILITY DURING FREE TIME. I understand that during free time within the period of the program or before the period of the program I may elect to travel independently at my own expense. If I choose to travel after the completion of the program, I understand that any obligations of Assumption College shall cease. If I choose to travel prior to or during the program period, I agree to inform Assumption College of my travel plans and understand that Assumption College is not responsible for me during non-program related travel. I understand that any risky activity or travel in which I choose to become involved outside of the program will be at my own expense and risk. While Assumption College employees may provide participants with information regarding extra-curricular activities or travel, in no way does this represent an Assumption College endorsement of those activities or destinations.

13. FAMILY INVOLVEMENT. I understand that it is my responsibility, to provide my parents/guardians/significant others with important information about my involvement and/or travel. I give permission to Assumption College to share information with my parents or guardians as necessary for my health and safety in the sole judgment and discretion of Assumption College.

14. USE OF PHOTOGRAPHS OR WRITTEN REPORTS: I authorize and agree to the reasonable use by Assumption College of any photographs that may be taken of any aspect of the program and may include my image, as well as any written comments or reports submitted to Assumption College by me.

15. CHOICE OF LAW. The laws of the Commonwealth of Massachusetts shall govern the validity of this Agreement, the construction of its terms and the interpretation of the rights and duties of the parties hereto.

## SIGNATURE

Student name (please print) \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

If the student is a minor (under age 18) this form must be signed by the student's parent or guardian.

Name of Parent or Guardian \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Rome Program Attachment 1: ESSAY

Attach a 500-word essay telling us why you are a good candidate to study in Rome, and what your goals for the experience would be, if selected. Make sure your name is on it in the upper right hand corner, sign it, and submit it with your application and forms.

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