

Arts & Humanities Semester in Tuscany

Office of International Programs
Montana State University
P.O. Box 172260
400 Culbertson Hall
Bozeman, MT 59717-2260

APPLICATION FOR ADMISSION (Please type or print)

Personal Information

Applicant's Last Name _____ First Name _____

Date of Birth _____ Place of Birth _____ Gender M () F ()

Social Security # _____ Country of Citizenship _____

Current Citizenship(s) _____ Passport #: _____

Term and year for which you are applying _____

Home College _____

Expected graduation date _____

Current Mailing Address (Valid until ___ / ___ / ___) _____

Telephone Number _____ E-mail _____

Permanent Mailing Address (If different from above):

Telephone Number _____ E-mail _____

Emergency Contact Information:

Name: _____ Relationship to you: _____

Address: _____

Telephone Number _____ E-mail _____

Major field of study at your home college: _____

Italian Language level _____ Other Languages _____

Official responsible for approving foreign study application at your home college:

(name, title, full address)

I apply to participate in the ***Arts & Humanities Semester in Tuscany*** and authorize that a copy of my transcript be sent to my home college:

Official (name, title and address) to whom transcript should be sent: _____

Signature of Applicant _____ Date _____



Montana State University International Exchange Reference

TO BE COMPLETED BY THE APPLICANT

Name of Applicant: _____

Home institution: _____

Reference requested from: _____

*To the applicant: Under the U.S. Federal Law, students are permitted access to certain educational records. Many applicants have found, however, that recommendation letters may have a greater effect when such letters are written in confidence. If you waive your right to inspect the information requested by this form, please sign below.

Applicant's signature _____

Date _____

TO BE COMPLETED BY THE REFEREE

*Your opinion of the applicant will be of great assistance in the selection process. It is important that your comments be detailed and frank. It is particularly helpful to know the specific strengths of the candidate and any challenges or adjustments the student is likely to face, given your observation of her/his academic, programs require participants to be independent and self-motivated, as they are immersed in the host environment with only minimal support and supervision.

1. How long and in what capacity have you known the applicant? _____

2. Please indicate the applicant's ability and professional competence in comparison with other individuals whom you have known at similar stages in their academic careers. (Write "n/a" if not applicable.)

	Below Average Lowest 40 %	Average Mid 20%	Above Average Next 15%	Very Good Next 15%	Outstanding Top 10%	Inadequate Opportunity to Observe
General Knowledge						
Knowledge in chosen field						
Motivation and seriousness of purpose						
Potential for future growth in chosen field						
Ability to plan and carry out research						
Ability to express thoughts in speech and writing						
Emotional stability and maturity						
Self-reliance and independence						

3. Please comment on the applicant in terms of the following: a) academic suitability for study at and institution abroad; b) personal suitability for living abroad; c) how participation in the direct exchange program will be of benefit, both academically and personally; d) student might experience in this immersion-type program, given her/his academic, personal and/or social skills; e) how the student is likely to respond to the challenges of a language barrier, if applicable. Please be as specific as possible.

Referee's signature _____
Name (type or print) _____
Position or title _____ Date _____
Office address and telephone _____



Please return by:
October 1 for spring semester programs
March 1 for fall semester programs

**DO NOT MAIL.
PLEASE GIVE BACK TO
APPLICANT.**

Study Abroad Advisor
Office of International Programs
400 Culbertson Hall
Montana State University
Bozeman, MT 59717
(406) 994-7151
studyabroad@montana.edu



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Housing Questionnaire

Please respond honestly to the following questions, as your answers will help us to place you in the home-stay best suited to your preferences. Please note that your answers to these questions have no bearing on your admittance into the program.

NAME _____ AGE _____ M () F ()

Please give us a brief description of your family and describe the relationships you have with each member of your family?

Describe your present living situation (at home/ college or university).

What was the last job you had?

Explain your typical day at your home college (clubs, activities, hobbies).

What parts of your daily/weekly routine are most special or important to you?

What is your favorite film and/or book and why?

What excites you most about your study abroad experience?

What worries you most about coming to Italy (fears/concerns)?

Would you describe yourself as an introvert () or an extrovert ()?

Try to describe the way in which you react if you find yourself in a situation where your personality clashes with that of a person you must deal closely with:

What are your expectations for your Italian host family?

Are you a vegetarian? Yes ()** No () Strict () Flexible ()

** If you answered yes, considering that food plays an essential role in Italian culture we need to know very specifically what being a vegetarian means to you. Please mention any foods that you cannot eat:

Do you like to have children around you? Yes () No ()

Do you like animals? Yes () No ()

Are you allergic to or afraid of any animal(s) in particular? Yes () No () Which: _____

Do you smoke? Yes () No ()

Do you like to exercise/play sports? Yes () No ()

Which are your favorite sports? _____

What type(s) of music do you like? _____

Do you sing or play an instrument? Yes () No () Specify _____

Would you like to participate in artistic activities organized by the **Arts & Humanities Semester in Tuscany**? Yes () No ()

Please fill out and return this application to:

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Health Evaluation Form

Applicant's Name: _____ Date of birth: _____

This form must be completed, signed and dated by the physician.

Applicant's height: _____ Weight: _____

If the answer to any of the questions below is "Yes," the physician should provide details on the last page, indicating in each case whether the condition is likely to affect the student's full participation in the study abroad program.

1. Is the applicant seriously underweight or overweight? Yes () No ()
2. Does the applicant have any dietary restriction or food allergies? Yes () No ()
3. Is the applicant allergic to any medications? Yes () No () If yes, please specify _____

4. Does the applicant suffer from any other type of allergy? Yes () No () If yes, please specify _____

5. Does the applicant have any speech, hearing, or vision impairment that might affect his/her participation? Yes () No () If yes, please specify _____

6. Does the applicant have any physical disability that might cause hardship in the event of changes in diet or strenuous travel? Yes () No () If yes, please specify _____

7. Does the applicant have any existing congenital condition that may require additional treatment?
Yes () No () If yes, please specify _____

8. Is the applicant currently under treatment or observation for any physical or emotional condition? Yes () No ()

9. Is there any history of emotional disturbance in the applicant? Yes () No ()

Has he/she shown any:

a. difficulties in relationships with family/peers? Yes () No ()

b. behavior disorders? Yes () No ()

c. eating disorders? Yes () No ()

d. symptoms such as mood swings, depression, sleep disorders, unusual degree of anxiety, fear or guilt? Yes () No ()

10. Does the applicant have any communicable or infectious disease? Yes () No ()

11. To your knowledge, are there any predisposing medical or emotional factors that may, under stress or duress during the course of the study program, present a need for immediate therapy while abroad? Yes () No ()

Please list medications the applicant is presently taking:

We suggest the following tests and immunizations. Indicate if and when the student has had them:

Tuberculin Skin Test: Yes () No () Performed _____ Read _____ mm. in duration
(date) (date)

Dip./Tet. _____ Poliomyelitis _____

Physician's Name: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Email _____

Comments/Explanations :

Please return this form and any attachments to the address at the top of this form. Thank you.