

APPLICATION FOR ARCHAEOLOGY IN ITALY • SUMMER 2006
The College, University of Rochester

please print or type:

NAME _____

UR STUDENT ID _____ SSN (if not UR student) _____

CLASS YEAR _____ MAJOR(S) _____ MINOR(S) _____

HOME SCHOOL (if you are not a UR student):

CAMPUS (IN-TERM) ADDRESS :

CAMPUS TEL. _____ E-MAIL ADDRESS _____

HOME ADDRESS

_____ HOME TEL. _____

DATE OF BIRTH _____ U.S. CITIZEN? yes no If no, type of visa _____

PARENTS' OR GUARDIANS' NAMES and DAYTIME TELEPHONES (EMERGENCY CONTACT, PLEASE INCLUDE EMAILS IF AVAILABLE)

Name of a faculty member who will serve as a reference:

Name Department telephone

Email address _____

Use the space provided, or attach a separate sheet.

1. What courses have you taken that might provide background to the course?

**SUPPLEMENT TO ARCHAEOLOGY IN ITALY APPLICATION
FOR STUDENTS NOT MATRICULATED AT THE UNIVERSITY OF ROCHESTER**

HOME SCHOOL AUTHORIZATION

This section is to be completed by the Academic Dean or Study Abroad Adviser, and sent to:

Julie Piccarillo • Center for Judaic Studies • Lattimore Hall • University of Rochester • Rochester, NY
14627 attn: Archaeology in Italy

Student's Name _____

Student's cumulative grade point average _____ on a scale of _____

The application of the above-named student is being submitted with my approval. Full credit will be granted for coursework satisfactorily completed. (If there are additional conditions for transfer of credit, I have indicated them below or on a separate sheet.)

Academic Dean or Study Abroad Adviser:

Name _____ Title _____

Institution _____

Address _____

Telephone () _____ Fax () _____

E-mail address _____

Dean or Adviser's Signature _____ Date signed _____

The final grade report (official transcript) of the program should be sent to:

ATTN: _____