

Division of French & Italian Studies  
University of Washington, Box 354361  
Seattle, WA 98195-4361  
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## ITALIAN STUDIES IN ROME, SPRING 2007 APPLICATION FORM

### Personal Data

Name	UW Student #
Local address	Social Security #
City, state, zip	Home Telephone
Permanent address	Work Telephone
City, state, zip	Permanent Telephone

### U.S. Contact Person While Abroad

Name
Address
City, state, zip
Telephone

### Passport Information

<input type="checkbox"/> Passport current (valid for entire trip) <input type="checkbox"/> Applying for passport <input type="checkbox"/> Renewing passport	Passport number
	Country
Date of birth	Place of birth

**Attach a copy of your transcript** (if you are a transfer student provide a copy of your transcript from the most recent school attended). Unofficial transcripts are fine for this purpose.

**List the names of two faculty members who are submitting letters of recommendation for you.** At least one recommendation should be from a professor who is qualified to comment on your academic background.

Name	Title/Department
Name	Title/Department

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I HAVE READ THE ROME PROGRAM INFORMATION AND UNDERSTAND THE CONDITIONS UNDER WHICH THE PROGRAM WILL BE OPERATED, PARTICULARLY THOSE WHICH APPLY TO PAYMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Release Form** In conducting academic programs and exchanges abroad, the University of Washington makes every effort to protect the welfare and safety of the participants. However, the University is not able to assume responsibility for damage to or loss of property, personal illness or injury, or death of a participant while in this program. We require each applicant and his or her parents or guardian to sign the following statement as an indication that this position is understood and accepted.

**RELEASE**

We hereby release the University of Washington and its officers and agents from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of the University of Washington.

\_\_\_\_\_  
Applicant's name (print or type)

\_\_\_\_\_  
Applicant's signature (if age 21 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian's name (print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date