

EUROPEAN HERITAGE INSTITUTE

APPLICATION FORM

Return to: European Heritage Institute, 2708 East Franklin Street, Richmond, Va. 23223

Phone: (804) 643-0661 Fax/telephone: 804-648-0826 **E-mail:** info@europeabroad.org

_____ Enclosed is a check of \$300 payable to European Heritage Institute to reserve a place in the _____ Program & 3 photos (any type). *Payment goes toward program cost.*

Name _____ Birth: Month ____ Day ____ Year ____ Place _____

Country of passport _____ Number _____ SSN/equivalent _____

Current address:

_____ Until: _____ Phone _____

Cell Phone: _____ Valid until: _____

Permanent address:

_____ Until: _____ Phone _____

E-Mail address _____ FAX _____

Expected departure from current country _____ Expected arrival in country of program _____

Name & address of parent/nearest relative: _____

_____ Relationship: _____ Phone _____

SELECTED PROGRAM (circle selection)

ITALY	PARIS, FRANCE	AUSTRIA	SPAIN*
Assisi Florence-Istituto Europeo	La Sorbonne	Vienna	Barcelona Canary Islands (Tenerife) Granada Madrid Malaga Salamanca Seville Valencia
Lorenzo de' Medici- Florence Lorenzo de' Medici- Tuscania Lorenzo De' Medici- Rome Lorenzo De' Medici- Venice Lorenzo De' Medici- 3-Cities	Paris American Academy		Valencia - ISS
Perugia Trieste Venice – Istituto Venezia			

**Note: For Spain, if you wish to study at more than one city, indicate the desired sequence of cities.*

PERIOD OF STUDY

Semester: _____ Year _____ Number of months: ____ and/or weeks; ____

Start Date: Year ____ Month ____ Day ____ End Date: Year ____ Month ____ Day ____

AREA OF STUDY, LEVEL, TYPE OF COURSES (*Tentative, to be confirmed*)

Area of Study: _____

If Language, current level of study: _____ Selected level of study: _____

If Art. Area of concentration (if applicable): _____

If Music: Identify instrument or voice (and type): _____

Type of courses of interest (if applicable): _____

HOUSING

Do you want accommodations arranged? No ___ Yes ___ Specify preference(s): _____

STATUS

Level of education _____ Are you a student? No _____ Yes _____

Current Level _____ Major _____ University _____

_____ Are you seeking credit for courses studied abroad? No _____ Yes _____ **If yes, please provide a transcript.**

Please state your interest in the program and, if applicable, your occupation or profession.

Do you have or have you had any health problem? Yes _____ No _____ If yes, please explain.

REFERENCES

Provide one **non-family** reference or, **if seeking credit, two faculty references**. Please provide name(s), address, position/relationship, phone number, and email address.

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Reservations must be signed and are accepted subject to cancellation and other program conditions as specified in the flyer/brochure/information sheet and terms and conditions.

Applicant Signature: _____

Date: _____