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# 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](mailto: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                      | Paris American | Vienna  | Barcelona                 |
| Florence-Istituto Europeo   | Academy        |         | Canary Islands (Tenerife) |
|                             |                |         | Granada                   |
| Lorenzo de'Medici- Florence |                |         | Madrid                    |
| Lorenzo de'Medici- Tuscania |                |         | Malaga                    |
| Lorenzo De'Medici- Rome     |                |         | Salamanca                 |
| Lorenzo De'Medici- Venice   |                |         | Seville                   |
| Lorenzo De'Medici- 3-Cities |                |         | Valencia                  |
| Perugia                     |                |         | Valencia – Institute of   |
| Trieste                     |                |         | Spanish Studies           |
| Venice – Istituto Venezia   |                |         | Barcelona – Barcelona     |
|                             |                |         | Inter-national College    |

*\*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: \_\_\_\_\_