

# ***Study in Italy Application***

## **Fall 2007**

**Please make sure that the following information is complete and accurate.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

SSN: \_\_\_\_\_ UT EID: \_\_\_\_\_

Local Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address Effective Until: \_\_\_\_\_ Permanent Address Effective Until: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact E-mail: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Classification: \_\_\_\_\_ GPA: \_\_\_\_\_

Total Hours at UT Austin: \_\_\_\_\_ Semester you expect to graduate: \_\_\_\_\_

Will you be receiving any aid from the Office of Student Financial Services? (*circle*) Yes / No

Will you be receiving a departmental scholarship? (*circle*) Yes / No

Scholarship Name: \_\_\_\_\_

Academic Advisor's Name and E-mail: \_\_\_\_\_

The program's field trips will be very demanding physically. Will this be a problem?  
(*circle*) Yes / No

Notice of cancellation must be received by School of Architecture, in writing.

School of Architecture acts only as agent for the owners or contractors providing transportation, accommodation and other services included in this program. All tickets and vouchers are issued subject to any and all terms and conditions under which transportation, accommodation and other services are offered or provided, and constitute the sole contract between the tour member and supplier. School of Architecture shall not be liable at any time, in any way for loss, injury or damage arising from an Act of God, Acts of Government, or de facto authority, war, civil unrest, any kind of hostilities, strikes, theft, sickness, quarantine, Immigration or Customs regulations, hijacking, breakdown, delay, cancellation, error, omission, or any other cause beyond their control. Furthermore, School of Architecture reserves the right, without advance notice, to make any changes or cancellations, in part or in whole, as circumstances dictate. The airlines, shipping lines, motor coach, railroad and any other transportation company, when used, shall not be liable for any act, omission or event, during the time passengers are not on board their conveyance. I have read, and agree to all terms and conditions pertaining to the University of Texas Study in Italy Summer Program. Please consider this registration form as my formal commitment to participate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For our records, please confirm the following information:**

Student Name: \_\_\_\_\_

SSN: \_\_\_\_\_ UT EID: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_