

Lake Superior College Application for International Study

Individual Study Program: X _____ **Code Number : FALL09MNLSCSRISA**

Name of Program: Semester in Italy

Dates of program applying for: August 31 - December 18, 2009 _____

*\$ 500 deposit must accompany all applications. Checks should be made payable to "SRISA"
[This is a non-refundable deposit]*

Applicant's Name [as it appears or will appear on passport]: _____

[All LSC international study/travel programs require a valid passport]

Passport Number [Leave blank if not yet received]: _____

Mailing address: _____

Phone: (____) _____ - _____

Email Address: _____

Date of birth: _____

LSC Student/Staff ID# or Social Security Number: _____

Will you be 18 by the time of travel? **Yes** **No**

Emergency Contacts: **Please list two.**

Contact Name	Contact Phone	Relationship
1.		
2.		

Medical Information:

1. Doctor's name and phone: _____

Name

Number

2. Current Medical Insurance Carrier and policy number:

Name

Number

3. Do you require any handicapped accessibility? **Yes** **No**

[Note: many countries do not provide handicapped facilities.]

4. Please list any allergies:

Food _____
Medicine _____
Other _____

5. Do you require a special diet? **Yes** **No**

If yes, please describe. _____

[Note: vegetarian or other specialized diets may not be available.]

6. Are you taking or will be taking at time of travel any prescription medications?

Yes **No**

If yes, please list

[Note: all prescriptions must be transported in the original bottle with the prescription clearly labeled. Also refrigeration of special prescriptions may not be available.]

7. Do you have any conditions [physical, social, mental] that might make air travel difficult or uncomfortable for you? **Yes** **No**

If yes, please describe _____

8. In-country travel may be by bus, subway, train, car, boat or by foot. Do you have any conditions that would hinder travel by any of these modes?

Yes **No**

If yes, please describe _____

9. You may be traveling in areas that have heat well in excess of that experienced in northern Minnesota. Is heat or high humidity a health problem for you? **Yes** **No**

10. Do you have any medical conditions that may adversely affect your ability to have a successful travel-study abroad experience?

Yes **No**

if yes, please describe _____

[Note: Having such a condition does not automatically disqualify you from participation in LSC travel programs.]

11. Please describe any other medical, mental or social conditions that would be helpful for the trip organizers to know in order to help you have a successful experience.

Academic and General Information :

Name of your academic counselor: _____

Names of your current instructors:

Please list three individuals who are not related to you who can serve as reference.

Reference Name	Reference Phone	Relationship
1.		
2.		
3.		

Have you traveled out of the United States? **Yes** **No**
If yes, where and when:

Are you fluent in any language other than English? **Yes** **No**
If yes, please describe.

What college courses have taken that will prepare you for a travel-study abroad experience?

All participants in an LSC Travel/Study Abroad program will be expected to adhere to the following **"Code of Conduct"**. To be considered for a program, the applicant is required to read and sign the **"Code of Conduct"**. Further, all participants must fully meet their financial obligations by due days for such programs before any plane tickets or reservations are distributed. Participants will also be given in-country emergency contacts, list of things to bring, travel itinerary, regulations regarding luggage, agreements and booking condition forms to sign

Code of Conduct Agreement

Although it should not be necessary, experience has taught us that we have to set certain ground rules for foreign travel. While traveling, not only will we be guests in other countries, but we will be representatives of the United States and of Lake Superior College. Even though we are all adults, it is imperative that we all act as responsible, respectful adults. That said, let's go over the agreement.

I agree to treat all class members, leaders and teachers with the respect due by:

1. Being an active participant in all class sessions, reading all required readings and doing all assignments in a timely manner.
2. If using alcohol, I will use it responsibly. This means that abuse of alcohol by getting drunk will not be tolerated. Not only is it disrespectful, but it is dangerous. I understand that repeated abuse of alcohol may be grounds for being sent home at my own expense.
3. Abiding by the Lake Superior College Code of Conduct as stated in the LSC handbook.

I certify that the above information is accurate and that I understand and accept the expectations as described in the "Code of Conduct". I am in good physical and mental health and am able to travel without special medical attention or counseling supervision. I will be responsible for extraordinary expenses incurred due to my behavior that may possibly necessitate my early return from foreign travel. I am 18 years of age or will be before the date of departure. I have enclosed the \$300 [\$250 of which is non-refundable] application deposit to secure my place in the program. I understand that if my application for participation is denied that my \$300 deposit will be returned and that if I am accepted \$250 will not be refunded.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Application Review Process.

Vice-President, Academic Affairs: Approval for participation: Yes No

Signature _____ Date _____

Vice-President, Student Services: Approval for participation: Yes No

Signature _____ Date _____

Vice-President, Finance & Administration: Approval for participation: Yes No

Signature _____ Date _____

Applicant's Academic Counselor: Approval for participation: Yes No

Signature _____ Date _____

LSC International Education Committee: Approval for participation: Yes No

Signature _____ Date _____

Lake Superior College is an equal opportunity educator/employer.

**Lake Superior College
2101 Trinity Road
Duluth, Minnesota 55811
218 733 7600 * 800 432 2884
www.lsc.mnscu.edu
TTY: 218 722 6893**



Enrollment Application: Lake Superior College Fall 2009
Part I: Application for Enrollment
Please Print Legibly

Name:		
Date:		
1. Circle one: M / F	2. Date of Birth:	
3. Social Security Number or National Identity Number:		
4. Permanent Address (all mail correspondence will be sent to this address; Ex: letters, refunds, transcripts) :		
5. Phone Number: - -	6. Cell Number: - -	
7. Email address: (PRINT)		
8. Emergency Contact Person:		
9. Relationship:		
10. Address:	13. Phone Number: - - Cell. Number: - -	
Note: You must submit an official copy of your most recent college transcript with your application. If you have recently graduated from High School and are not yet enrolled in a college or university you must submit your High School transcript. All transcripts must be received in a sealed envelope.		
SRISA, as a non-profit institution is required by law to keep statistics on its students. We do not discriminate on the basis of sex, race, age, religion, or sexual orientation.		
14. Please check the box that best describes your ethnicity (optional):		
<input type="checkbox"/> White, Anglo Saxon	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

Part II: Short Essays

Answer the following questions on a separate sheet of paper:
1. What school, if any, will you be returning to at the end of the program?
2. Have you traveled to Italy before? If so, when?
3. What do you hope to gain from this program?

Part III: Housing LAKE SUPERIOR COLLEGE HOUSING APPLICATION

Personal Data:						
1. Name:						
2. Circle one: M / F		Age:				
3. Do you have any physical conditions, limitations, or allergies we should know about?						
4. Indicate Your Housing Choices:						
First Choice: (check)		Second Choice: (check)				
<input type="checkbox"/> Double room in a shared apartment with other students		<input type="checkbox"/> Double room in a shared apartment with other students				
<input type="checkbox"/> Single room in a shared apartment with other students		<input type="checkbox"/> Single room in a shared apartment with other students				
Note: Single rooms are limited in Florentine apartments. SRISA cannot guarantee any student a single room. Those that pay for a single room and are subsequently placed in a double room will be refunded the difference in price, 100 EURO per month, by U.S. check.						
5. Indicate Roommate/s Preference: <i>It may not be possible to accommodate all roommate requests</i>						
10. Roommate and Housemate Information: (Circle) This information will help us coordinate your housing assignment with students with similar likes and habits.						
• Do you Smoke? Yes No						
• Are you willing to sharing an apartment with smokers? Yes No Doesn't Matter						
• Do you mind sharing a co-ed Apartment? Yes No Doesn't Matter						
• I like to go out every night? Yes No Sometimes						
• I like to cook meals at home? Yes No Sometimes						
• I like to stay home? Yes No Sometimes						
What adjectives would best describe you?						
	1	2	3	4	5	
Neat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Messy
Night Owl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Early bird
Outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reserved
Adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Maintenance
Would you like to tell us anything else about yourself?						
Note: Private apartments range in price from \$1,500-\$2,500 dollars per month (Includes housing fees and rent) Please be aware that utilities may not be included.						
Please contact the Housing Coordinator directly for more information regarding private apartments: Housing Coordinator e-mail: housing@santareparata.org						
Please return your completed enrollment form and application fee to:						
SRISA Registrar 2941 Mossrock, Suite 201 San Antonio, TX 78230 Telephone: (210) 340-2675 Fax. (210) 340-2680 e-mail: info@santareparata.org						



Passport Information

Please PRINT Legibly

Passport Information:
Name: (Full Name on passport)
Citizenship:
Birth date: Day: Month: Year:
Passport Number:
Date Issued: Day: Month: Year:
Expiration Date: Day Month Year
Where was your passport issued:
Passport issuing agency:
Place of birth: City State Country
Permanent Address:
City
State: Zip Code: Country
Permit of Stay:
<p>A Permit of Stay is required for all non-Italian citizens who intend to live in Italy for a period longer than 90 days. Within 8 working days of arrival students are required to apply for a Permit of Stay with the Italian police. Santa Reparata will assist students with the application process, but students are responsible for obtaining all necessary materials before their arrival in Florence. The following materials are required to apply for a Permit of Stay: • Student Visa • Passport • Original letter of Enrollment stamped by Italian Consulate: also any documents given back to you by the Consulate • Affidavit of Support or Credit Card * Remember it is the student's responsibility to obtain all required materials. Passport and Student Visa processing may vary – DO NOT DELAY. *</p>
Flight Information:
<p>Any information regarding your flight time and arrival needs to be sent as soon as soon as possible to our Housing Coordinator at housing@santareparata.org. This information assists our staff in Florence with coordinating apartment key pick-up and so that a staff member can accompany you to your apartment. The office at Santa Reparata is open only 9 A.M. - 7 P.M. Monday through Friday. Flight time and arrival information is especially important for those arriving after 7 P.M. or over the weekend, as you will be responsible for arranging your own accommodations until the office opens at regular hours. For hotels near Santa Reparata please refer to the Pre-Departure Handbook found on our website www.santareparata.org</p>

AGREEMENT AND LIABILITY WAIVER

PART I: AGREEMENT FOR PARTICIPATION

I, _____ a student at Santa Reparata International School of Art (herein after "SRISA"), hereby agree as follows:

- 1.) I will comply with SRISA's student conduct regulations throughout the duration of my participation in the program. I agree that the Director of SRISA shall have the right to enforce appropriate standards of behavior and that I may be dismissed from SRISA at any time for failure to comply with such standards.
- 2.) I understand that while I am in a foreign country, I will be subject to the laws of that country. I agree to comply with those laws, as well as with the regulations of SRISA, including refraining from using, possessing or selling any illegal drugs. I understand that being charged with any infraction of the laws of the host country, including possession of any illegal drugs is grounds for immediate expulsion from SRISA, without refund.
- 3.) I understand and acknowledge that there are inherent health risks associated with traveling abroad. I understand that I am required to have an insurance policy that covers medical services and treatment during the period of study at SRISA. I agree that I am personally responsible for obtaining all health information, instruction, medical procedures, immunizations, and medications appropriate to my intended travel. I further agree that if I become incapacitated, SRISA, through its agents and employees, may take whatever action is deemed necessary with respect to my health and safety, and I release them from any liability for such actions. I authorize SRISA, its agents and employees, at their discretion, to place me for medical treatment at my expense.
- 4.) SRISA strongly discourages students from operating vehicles while participating in its programs, due to the inherent dangers of driving in a country with different traffic laws and regulations, driving habits, and regulations relating to insurance. If, however, I decide to operate a motor vehicle, SRISA assumes no financial responsibility for legal aid or for my care if I am involved in a violation or an accident.
- 5.) I understand that SRISA is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any SRISA supervised activities.
- 6.) I understand that I am responsible for my welfare while abroad. I authorize SRISA, its agents and employees, to contact my parent or guardian, as indicated in my Emergency Contact Information, in connection with my general welfare abroad.



AGREEMENT AND LIABILITY WAIVER

PART II: AGREEMENT AND RELEASE FORM

I _____ understand that, although SRISA has made reasonable efforts to provide for my safety while participating in its programs and activities, there are unavoidable risks in foreign travel, and I may subject myself to dangers over which neither SRISA, its agents and employees, have any control. These dangers might include, but are not limited to, airline and motor vehicle accidents, criminal behavior or negligence by others, health problems, etc. I hereby acknowledge that I have applied and chose to participate in SRISA and voluntarily engage in activities of the programs conducted by SRISA. I hereby acknowledge my awareness that my participation in SRISA and its programs may involve the risk of injury to my person and property. These may include, but are not limited to the following: bodily injury, death, property damage, etc. I voluntarily accept all risks of property damage and bodily or personal injury arising as a result of participation in SRISA or travel in the host country or region. Being fully aware of the possible risks and consequences of my voluntary participation in SRISA, I hereby agree to forever hold harmless SRISA and each of its officers, Board of Directors, the members individually, agents, and employees. I further covenant and agree I will not sue SRISA and each of its officers, Board of Directors, the members individually, agents, and employees. This agreement and release shall also be binding on my heirs, assignees, successors, and all other persons who may claim through me. I have read and understand the terms set forth in Parts I and II, and accept the terms and conditions.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____