

ASEM 2518 EXCAVATING ITALY APPLICATION FORM, Fall Quarter 2016

Note: This is not a Cherrington program

Print this form, fill out CLEARLY and submit with other materials described in "How to Apply" on SAAH website

<p>Permanent Contact Information</p> <p>DU Student ID _____</p> <p>Full Name (first, middle, last, exactly as on passport) _____</p> <p>Permanent Address _____ _____</p> <p>City _____ State _____</p> <p>Zip Code _____ Country _____</p> <p>Phone _____</p> <p>Permanent email _____</p> <p>Current Campus Information</p> <p>Campus Address _____ _____</p> <p>City _____ State _____</p> <p>Zip Code _____</p> <p>Phone _____</p> <p>Campus email _____</p> <p>Campus address valid until _____</p> <p>Standing in Fall 2016 Fr ___ So ___ Jr ___ Se ___ Grad</p> <p>Major 1 _____ Major 2 _____</p> <p>Minor 1 _____ Minor 2 _____</p> <p>DU Cumulative GPA _____</p>	<p>Program Information Please check your preferred lecture class (Students should be enrolled in the AI:SC Excavating Italy class)</p> <p>ARTH 2613 _____ ENGL 2613 _____</p> <p>Neither (explain): _____</p> <p>Personal Information</p> <p>Date of Birth ____/____/____ Mo Day Year</p> <p>Gender Male _____ Female _____</p> <p>Ethnicity (optional) _____</p> <p>Citizenship : US Citizen _____</p> <p>Non US Citizen _____ Permanent Resident _____</p> <p>Native Language _____</p> <p>Passport # _____ Country _____</p> <p>Expiration date: _____</p> <p>Emergency Contact Information</p> <p>Name _____</p> <p>Relationship to you _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Day or Cell Phone _____</p> <p>Evening _____</p> <p>Email _____</p> <p>Indicate on the back of this sheet if there is another person who will be responsible for paying the program fees.</p>
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Academic Advisor Signature: I have discussed this program with this applicant and approve his/her program:

_____ print name _____