DeSales University  
Semester Study Abroad in Rome, Italy  
Fall 2011  
Application Instructions

1. **Contact your academic advisor** to discuss the advisability of your spending a semester abroad.

2. **Fill in this application form.** If you received the document electronically, print it and fill in manually.

3. On a separate sheet of paper, type your **answer to the two questions below.** Your essay should fill at least one page, be single spaced, and not exceed three pages.

   **Why are you interested in studying abroad?**

   **Why are you interested in studying in Rome for a semester?**

4. Ask **three people** who know you well to write **recommendations** on your behalf. At least two of your recommenders must be **full-time DeSales faculty members**, and no relatives may recommend. You can obtain additional recommendation forms from Professor Rosa, Dooling 267. The forms should be sent by the recommender to Professor Rosa through campus mail or faxed to 610-282-2254. The deadline for receipt of recommendation letters is **March 15, 2011**.

5. Request an official transcript from the Registrar’s Office. Ask them to campus mail it to Elizabeth Rosa, Program Director, DeSales Semester Study Abroad in Rome. The deadline for receipt of transcripts is **March 15, 2011**.

6. Submit your completed application form together with your essay to Professor Rosa by campus mail or by personal delivery to Dooling Hall 267 by **March 15, 2015**.

7. **Attend an information session** on Tues, 2/22, at 3:30 or Wed, 2/23, at 3:00 in the DeSales University Center.
DeSales University
Semester Study Abroad in Rome
Fall 2011
Student Application Form

**Personal Information**

Student Name ____________________________________________________________

(Last) (First) (Middle)

Gender: M___ F____ Date of Birth __________ Citizenship ___________________

(M/D/Year)

Social Security #_______________________

Campus mail box # or off-campus address ______________________________________

_______________________________________________________________________

Campus Phone _____________________ Cell Phone____________________________

DeSales Email ______________________ Other Email __________________________

Home Address _____________________________

_______________________________________ Home phone #____________________

Have you ever traveled abroad? ______ Where?________________________________

_______________________________________________________________________

Do you have a valid passport? ______ Passport Number________________________

**Academic Information**

Current Classification: Sophomore _____ Junior ______

Cumulative GPA ________________ Expected date of graduation _________________

Fields of Study – Major(s), Minor(s):

_______________________________________________________________________
**Academic Advisor**

Please list the name, title and contact information for your academic advisor with whom you have discussed (or will soon discuss) your plans to study abroad:

Name _______________________________  Department _______________________

Campus phone # _____________________ Email ______________________________

**Recommendations**

Please list the names, titles, and contact information for the three people who will be writing recommendations for you. (At least two must be DeSales faculty members; no relatives may recommend.) You can obtain extra recommendation forms from Professor Rosa, Dooling 267.

Name _______________________________ Title ________________________________

Phone # ___________________ Email ________________________________

Name _______________________________ Title ________________________________

Phone # ___________________ Email ________________________________

Name _______________________________ Title ________________________________

Phone # ___________________ Email ________________________________

Have you ever been sanctioned by your college for misconduct of any kind? ______

If yes, please specify the form of misconduct and have the Dean of Students at your school certify your answers below.

No behavioral sanctions imposed. __________________________________________

Signature – Dean of Students
**Agreement and Waiver**

I certify that the information submitted on this application is correct. I agree to be subject to the academic and financial policies of DeSales University including those stated in materials describing the program and all pre-departure and orientation materials.

I authorize the program director to have access to my educational and disciplinary records and I authorize the director to share such records and information with the program’s admission committee members.

I understand that submitting an application by the suggested deadline date does not guarantee my acceptance into the program.

I agree to complete and return any additional forms related to my participation in the Semester Study Abroad in Rome program to the program director in a timely fashion.

I understand that DeSales University reserves the right to change, cancel, or alter any provision of its programs as it deems necessary.

Signature _________________________________ Date ________________