

The University Of Rhode Island 2007 Summer Study Abroad Application Form

Please complete the *entire* application (Front AND Back) and submit application with your \$150.00 NON- REFUNDABLE DEPOSIT to:

URI Summer Study Abroad Programs Office
International Center
The University of Rhode Island
37 Lower College Road
Kingston, R.I. 02881

Please Note:

- All deposits and final payments *must* be paid by check or money order. If accepted into the program, the deposit will be applied to your program fee.
- Make checks payable to The University of Rhode Island. If necessary, final payments can be made by *credit card* by contacting enrollment services at URI, <http://www.uri.edu/es> (Select credit card payments at quick link or go to this link <http://www.uri.edu/es/students/bill/onlinepayinfo.html>) (401-874-9500) Please note: transaction fees apply for credit card payments.
- Please be sure to PRINT or TYPE all information
- Please use a separate form for each person, if more than one family member is applying

Program Requirements:

- Official Transcript
- One Letter of Recommendation(from faculty member, advisor or employer)
- Valid Passport
- 2.5 Cumulative GPA
- 2 passport size photographs
- Proof of Health Insurance

URI SUMMER PROGRAM IN CALABRIA, ITALY

Application Deadline: May 1st

Final Payment Deadline: May 15th

Please note: The minimum program fee \$3,350.00

If you choose to take only 3 credits, the program fee will remain the same.

_____ I AM CHOOSING 6 CREDIT OPTION FOR - \$3,350.00

_____ I AM CHOOSING 9 CREDIT OPTION FOR - \$3,650.00

I require graduate student credits: YES / NO

PLEASE LIST COURSES BELOW FROM CONCISE SYLLABUS THAT YOU WILL BE TAKING:

[\(CLICK HERE TO SEE CONCISE SYLLABUS\)](#)

For students considering an internship, **an internship proposal packet** must be submitted with this application. To obtain **an internship proposal packet**, please contact Dr. Dania Brandford-Calvo (email: brandford@uri.edu)

Please note: Internship proposal packets must be submitted and approved before final payment in order for the student to participate in an internship.

Program Agreement and Release Form
(to be submitted with application)
URI Summer in Calabria, Italy Program, 2007

I agree to participate fully in all components of the URI Summer Study in Calabria, Italy Program, and further agree that the Field Coordinator or the Program Director must approve any deviation from the Program design in advance.

I also understand and fully agree that the Director, or the Field Coordinator may terminate my participation in the Program if I engage in actions endangering myself or others, I engage in unlawful activities, or I am disruptive or do not abide by the rules and regulations as set forth by the Director or the Field Coordinator. No refunds of any kind will be provided in the event I am removed from or leave the Program.

I (and if the participant is a minor, the undersigned parent or guardian) agree that in the event of an emergency, as determined by the Field Coordinator, and staff, may contact personnel handling the emergency and share with such personal information, if any, regarding the nature and circumstances of the emergency and obtain from said personal all necessary medical, health care information or other appropriate information. In the event that the participant is a minor, the undersigned parent or guardian, hereby authorizes and gives his/her consent to the Field Coordinator and or staff and/or hospital, emergency facility, physician or other health care professional to provide such emergency medical care or treatment of any injury or illness suffered by the minor participant.

Insurance: I understand that although the University of Rhode Island is a sponsor of the trip, it does not assume responsibility for any loss, injury or damage to person or property, in connection with this trip which results from causes beyond the control of, and without the fault or negligence of the University.

Release: I release and waive, and further agree to indemnify, defend and hold harmless, the University of Rhode Island and the Board of Governors for Higher Education, their employees and agents (including any host institution) from and against any and all claims, demands, or actions which I, my spouse, my heirs, administrators, executors, representatives, and assigns may have for any losses, damages, or injuries, including death, arising out of or in connection with my participation in the trip or the rendering of any emergency medical procedures or treatments and all related costs and expenses, if any.

Pledge: I agree to fully comply with the rule of the University and its agents, its host facility, and any travel facilities. I agree that the University has the right to enforce its standards of conduct and should I fail to comply with them, the University has the right to terminate my participation in the trip with no refund of monies paid. I further agree that the policies of the University and the host facility, if any, may be applied to me, as a participant and the University shall have the right to exercise the policies of the University and or the host facility at any time.

I have read and understood the terms and conditions set forth in this Release Form and in the descriptive information about the program. I acknowledge that I have been advised of the risks inherent in travel of this type, and hereby agree to assume any such risks inherent in the travel associated with this program. I am signing this Release Form in consideration of my participation in the program.

Name of Participant: (Please Print) _____

Signature of Participant: _____

If the applicant is a minor, under age 18:

Signature of legal guardian: _____

Name of legal guardian: (please print) _____

Relationship to applicant, participant: _____, and address and phone:

**De Rada Italian Institute & Centro Internazionale di Studi Deradiani Program Agreement
(to be submitted with application)**

Congratulations on your acceptance to the URI Summer Program in Italy. This is a unique program that enables students to study Italian while discovering Mediterranean culture, food, and traditions. Students are also encouraged to attend seminars and conferences lead by some of the foremost scholars in the world.

Since the URI Summer Program in Italy will use the facilities and services provided by the De Rada Italian Institute and Centro Internazionale di Studi Deradiani, each student must complete and return this agreement in order to participate in the program.

We highly recommend that you have travel health insurance. The Italian Health Services or private providers will bill the students without medical insurance at their home address for services rendered.

Student Agreement

I, the undersigned, waive and release all claims against the De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani or their agents, employees and collaborators for any injury, loss, damage, accident, delay or expense resulting from the use of any vehicle, any strikes, weather, sickness, quarantine, government restrictions or regulations, or arising from any act of omission from any provider of transport, hotel, restaurant, school or university however caused, or the consequences thereof which may occur during any of the travel or programs. I understand that De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani are not responsible for any injury or loss whatever suffered by me during independent trips or transportation.

I hereby grant De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani and their agents full authority to take whatever actions they may consider warranted regarding my health and safety, and I fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize them, at their discretion, to place me at my own (or my parents') expense, and without further consent, in the closest hospital for medical services and treatment, or if no hospital is readily available, to place me in the hands of a local medical doctor for treatment. If deemed necessary by De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani or their agents, I authorize them to transport me back home by commercial airline at my own (or my parents') expense for medical treatment.

I also release De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani and their agents and agree to indemnify them with regard to any financial obligations or liabilities that I may incur or any damage or injury to the person or property of others that I might cause while participating in the program. I understand that De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani reserve the right to make cancellations, changes or substitutions in cases of emergency or changed conditions.

I will comply with De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani rules and standards for student behavior. I hereby waive and release all claims against De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani and their agents arising out of actions when I am not under their supervision, or my failure to remain under their supervision or to comply with their rules. I agree to indemnify De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani and their agents against any consequence thereof. I agree that De Rada Italian Institute, Inc. and the Centro Internazionale di Studi Deradiani shall have the right to enforce appropriate standards of conduct and that it may at any time terminate my participation for failure to maintain those standards or for actions, which they deem incompatible with the welfare and interests of other students. If my participation is terminated, I understand that I will be sent home at my own (or my parents') expense with no refund of fees.

Applicant's Name (please print) _____

Applicant's address _____

Applicant's Signature _____

Date _____

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____

Date _____

(required if the student is a minor at the time of signing this agreement)

**Program Agreement and Release Form
(Student's copy)**

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Applicant's address _____

Applicant's Signature _____

Date _____

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____

Date _____

(required if the student is a minor at the time of signing this agreement)

**AGREEMENT/RELEASE FORM FOR THE URI SUMMER
STUDY ABROAD PROGRAMS**
(to be submitted with application)

I am aware that photographs may be taken on this Summer Study Abroad Program with the University of Rhode Island at the De Rada Italian Institute/Centro Internazionale di Studi Deradiani in Italy. Additionally, I am aware that the Office of International Education of the University of Rhode Island and the De Rada Italian Institute/Centro Internazionale di Studi Deradiani may use photographs of myself for various academic/promotional purposes. My photographs may be seen at the URI International Education Website, brochures, and also at promotional events such as study abroad fair. I understand that these photographs will be used in conjunction with the office of International Education at the University of Rhode Island and the De Rada Italian Institute/Centro Internazionale di Studi Deradiani for educational purpose only.

I am also aware that the original copies of the final exams and final papers will be kept by URI at the De Rada Institute/Centro Internazionale di Studi Deradiani as a record.

Moreover I am aware that the De Rada Italian Institute/Centro Internazionale di Studi Deradiani has the right to keep and to use for his art collection and exhibitions any creative work students are willing to donate from their special projects (such as painting, drawing, pictures, short stories, poems, etc.).

I do allow all written above

I do not all written above

Signed _____

Date _____

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STUDY ABROAD PROGRAMS**
(Student's copy)

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