

Enrollment Application

Part I: Application For Enrollment

Please Print Legibly

Name:						
Date:						
Semester (circle): Fall Spring Summer (circle): Session A Session II	Year: Session III					
3. Circle one: M / F	4. Date of Birth:					
5. Intended Course of Study/ Summer Course Name:						
6. Social Security Number or National Identity Number:						
7. Permanent Address (all mail correspondence will be sent to this address; Ex: letters, refunds, transcripts):						
8. Phone Number:	9. Cell Number:					
10. Email address: (PRINT)						
11. Emergency Contact Person:						
12. Relationship:						
13. Address:	13. Phone Number:					
	Cell. Number:					
14. Would you like to receive University of Sou	th Florida Credit? (Circle one) Yes / No					
15. Would you like to receive a SRISA transcri	pt? (Circle one) Yes / No					
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.						
16. Do you plan to coordinate housing through SRISA? (Circle) Yes / No						
17. Where did you learn about SRISA: ☐ Web-site ☐ Poster ☐ Study Abroad Office	ce Student Teacher					
☐ Internet Study Abroad Search Engine (ex: studyabroad.com) ☐ Other:						
18. Please describe SRISA's promotional, curr influential in your decision to apply to SRIS						
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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.						
19. Please check the box that best describes your ethnicity:						
White, Anglo Saxon	te, Anglo Saxon Asian					
African American	☐ Hispanic	Other				
Part II: Short Essays						
Answer the following questions on a separate sheet of paper:						
Please explain your previous art experience.						
What school, if any, will you be retur	ning to at the end of	the program?				
3. Have you traveled to Italy before? If so, when?						
4. What do you hope to gain from this program?						
Part III: Housing						
Personal Data:						
1. Name:						
Semester (circle): Fall Spring Summer (circle): Session A Session		Year:				
4. Check one of the following boxes:I am enrolling in a SRISA Program or C	Course					
I am enrolled/enrolling with the hosted at SRISA. Example: University		Program mester Program				
5. Circle one: M / F	Age:					
6. Do you have any physical conditions, li	mitations, or allergie	s we should know about?				
7. Indicate Your Housing Choices:						
First Choice: (check) Double room in a shared apartment with other students Single room in a shared apartment with other students Private Apartment (Will be sent another application if checked) Arrange your own housing	h Double restudents Single rostudents Students Private A	Second Choice: (check) Double room in a shared apartment with other students Single room in a shared apartment with other students Private Apartment (Will be sent another application if checked) Arrange your own housing				
Note: Single rooms are limited in Florentine single room. Those that pay for a single room refunded the difference in price, €100 per n	om and are subseque	ently placed in a double room will be				

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8. Indicate Roommate/s Preference: It may not be possible to accommodate all roommate requests					
40. Doowwete and Housewete Information: (Circle)					
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 share an apartment with smokers?	Yes	No	Doesn't Matter		
Are you willing to live in a co-ed Apartment?	Yes	No	Doesn't Matter		
I like to go out every night?		No	Sometimes		
I like to cook meals at home?		No	Sometimes		
I like to stay home?	Yes	No	Sometimes		
What adjectives would best describe you?					
1 2 3 4 5 Neat	ce				
Would you like to tell us anything else about yourself that	may hel	with y	our placement?		
Ex: I am a chronic snorer					
Private Apartments: Please fill this out if you have requested a private apartment as your first or second choice. You will be sent an additional application. Indicate Your Price Range for a Private Apartment:					
Indicate how many beds/ bedrooms you will need:					
Indicate those persons sharing an apartment with you:					
Other specific requests:					
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 Moser Ck, Suite 201					
San Antonio, TX 78230 Telephone: (218) 340-2675					
Fax (210) 340-2680					
e-mail: info@santareparata.org					