NAZARETH COLLEGE

# Application for Admission

Pescara Residential Program (PLEASE PRINT)

| | | | | |
|---|---|---|---|---|
| Last Name | First Name | Middle Init. | Social. Security No. | Date of Birth dd/mm/yy/vy |
| Address during school term | | | | |
| Your college address: *P.O. Box or street apt. no.* | | *city* | *state* | *zip* |
| Your tel. number at college | Your college email address | | Latest date you can be reached at college dd/mm/yy | |
| Your permanent (home) address: *street* | | *city* | *state* | *zip* |
| Your tel. number at home | | | Your email at home | |
| Semester/s Applied for: (Acad. Yr.): | | Fall Semester 20_____ | Two semesters 20_____ | |
| Age at beginning of Program: | | Your Major: | Your Minor (Concentration): | |
| Italian language: in high school ( yrs./sems) | | in college, ( yrs/hrs) | Other: | |
| High school attended | *city* | *state* | Give yrs. attended | |
| College # I attended | *city* | *state* | Give yrs. attended | Overall GPA |
| College #2 attended | *city* | *state* | Give yrs. attended | Overall GPA |

| Faculty Recommendation | Foreign Language Proficiency Recommendation |
|---|---|
| Name | Name |
| Title | Title |
| College/Univ. | College/Univ. |
| Address | Address |

**VISITING STUDENT:** Send the US $200 application fee (non-refundable) for one semester or $300 for two semesters, payable to: *Nazareth College, Pescara Program*. This fee will be credited toward the total cost of the program.

**VISITING STUDENT:** Send an official transcript of previous college work, which you must request in writing from your Registrar, to be sent by the Registrar directly to the Pescara program.

Applicant's signature Date signed

**Nazareth College reserves the right to cancel the program at any time for programmatic reasons.**

Return to: Dr. Maria Rosaria Vitti-Alexander, Pescara Program Coordinator
Foreign Languages and Literatures Dept.
Nazareth College of Rochester
4245 East Avenue (email: mvittia6@naz.edu)
Rochester, NY 14618-3790 (Tel.: 585-389-2688)