

APPLICATION FOR ADMISSION

attach
6 original
passport-size
(2" x 2")
photos here

NAME:	FIRST		LAST		DATE OF APPLICATION: / /		
PROGRAM CHOICE: (required)	<input type="checkbox"/> Year (or Semester) Abroad Program	<input type="checkbox"/> Post-Baccalaureate Certificate Program	<input type="checkbox"/> MFA Program	<input type="checkbox"/> Summer Studies			
TERM(S): (required)	<input type="checkbox"/> Fall	— Academic Year —	<input type="checkbox"/> Spring	<input type="checkbox"/> Late Spring	— Summer Studies —	<input type="checkbox"/> Summer	Year _____
INTENDED AREA OF STUDY AT SACI: (required)	<input type="checkbox"/> Studio Art	_____ (Specify)		<input type="checkbox"/> Art History	<input type="checkbox"/> Art Conservation		

PERSONAL DATA

Current Address _____ number and street _____ city _____ state _____ zip code _____ country _____ Phone () _____

Permanent Address _____ number and street _____ city _____ state _____ zip code _____ country _____ Phone () _____

Date of Birth (month/day/year) _____ Country, City & State of Birth _____

Sex (circle one) M F _____ Citizenship _____ Social Security# (US only) _____

Your E-Mail at School _____ Your Personal E-Mail _____

Name of Father _____ occupation _____ address (if different from permanent) _____ Phone () _____ E-mail _____

Name of Mother _____ occupation _____ address (if different from permanent) _____ Phone () _____ E-mail _____

How did you learn about SACI? (Please be specific) _____

HOUSING REQUEST: (circle one) SACI Single SACI Double Independent **(Note: students must pay an additional charge for single housing as shown on fee schedule.)**

FINANCIAL INFORMATION

Tuition and fees will be paid by: _____

Address _____ number and street _____ city _____ state _____ zip code _____ Relationship to applicant _____

Phone (home) () _____ (work) () _____ Fax () _____ E-mail _____

Check here if you are applying for a SACI scholarship (Fall and Spring terms only). Please refer to the *Scholarships* section of the insert.

Post-Baccalaureate students only: Are you applying for **Stafford** loans through SACI? Yes No

EDUCATIONAL DATA

School Presently Attending (or from which you graduated) _____ Currently Enrolled or Attending? Yes No

Address of Institution _____ Phone () _____ Fax () _____
full address to which transcript should be sent upon completion of program (if applicable)

Status (year) _____ (Anticipated) date of graduation _____ Major _____ Minor _____ Cumulative GPA _____

Art Studies in College _____

List all colleges/universities at which you have taken courses for credit.

name of college/university _____	location (city, state/province, zip, country) _____	degree candidate? _____	dates attended _____
name of college/university _____	location (city, state/province, zip, country) _____	degree candidate? _____	dates attended _____
name of college/university _____	location (city, state/province, zip, country) _____	degree candidate? _____	dates attended _____

Faxed applications are not accepted. Please send applications by mail only to:

Studio Art Centers International
 Institute of International Education
 809 United Nations Plaza
 New York, NY 10017-3580
 Tel: (212) 984-5548 • Fax: (212) 984-5325
 E-mail: saci@iie.org
 Web site: www.saci-florence.org

The date the application is **complete** determines the order in which students are registered for classes. Some courses are not offered each term. Refer to the course descriptions in this catalog insert for complete information. Students who wish to pre-register for courses at the Intermediate or Advanced level should include with their applications slides, photos, CDs, or videos of at least six artworks already undertaken in each of these areas of study. These materials may be sent separately prior to the start of the term.

YEAR/SEMESTER ABROAD

COURSE SELECTION FOR PRE-REGISTRATION (Students are not guaranteed placement in selected courses.)

<p>Fall Term (List number and title of course in order of preference.)</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>Alternatives</p> <p>1 _____</p> <p>2 _____</p>	<p>Spring Term (List number and title of course in order of preference.)</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>Alternatives</p> <p>1 _____</p> <p>2 _____</p>
--	--

LATE SPRING TERM/SUMMER TERM

COURSE SELECTION FOR PRE-REGISTRATION (Students are not guaranteed placement in selected courses.)

<p>Late Spring Term (List number and title of course in order of preference.)</p> <p>1 _____</p> <p>2 _____</p> <p>Alternatives</p> <p>1 _____</p> <p>2 _____</p>	<p>Summer Term (List number and title of course in order of preference.)</p> <p>1 _____</p> <p>2 _____</p> <p>Alternatives</p> <p>1 _____</p> <p>2 _____</p>
--	---

TO BE COMPLETED BY THE STUDY-ABROAD ADVISOR

In your judgment, has this applicant the maturity to undertake serious study in a foreign country? _____

Explain _____

Can you provide any information to assist SACI in planning the applicant's experience in Italy? _____

Signature _____	Date _____
Name (print) _____	Phone () _____
Title _____	E-mail _____
Department _____	Fax () _____
Address _____	

If the student is taking classes for credit, the advisor *must* check one of the boxes below in order for this application to be processed. Please note that SACI is fully accredited by the National Association of Schools of Art and Design.

Check here if your institution will accept SACI transcripts directly. Check here if Bowling Green State University transcripts are required for transfer of credit.

Please contact your registrar to determine if SACI transcripts are accepted.

STUDENT AGREEMENT

I, the undersigned, applying to Studio Art Centers International (hereinafter referred to as SACI), do waive and release all claims against SACI and its agents or employees for any injury, loss, damage, accident, delay, or expense resulting from the use of any vehicle, any strikes, war, weather, sickness, quarantine, government restrictions or regulations, or arising from any act of omission of any steamship, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or other firm, agency, company, or individual. I also release SACI and its 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 SACI program.

I understand that SACI is not responsible for any injury or loss whatever suffered by me during periods of independent travel which I understand are unsupervised or during my absence from SACI supervised activities. I hereby grant SACI and its agents full authority to take whatever actions they may consider to be warranted under the circumstances 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 SACI and its agents, at their discretion, to place me at my own (or my parents') expense, and without my further consent, in the 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 or desirable by SACI or its agents, I authorize them to transport me back home by commercial airline or otherwise at my own (or my parents') expense for medical treatment.

I will comply with SACI's rules, standards, and instructions for student behavior. I hereby waive and release all claims against SACI and its agents or arising at a time when I am not under direct supervision of SACI, its agents or arising out of my failure to remain under such supervision or to comply with such rules, standards, and instructions, and I agree to indemnify SACI and its agents against any consequence thereof. I agree that SACI shall have the right to enforce appropriate standards of conduct and that it may at any time terminate my participation in the program for failure to maintain these standards or for any action or conduct which SACI considers to be incompatible with the interest, harmony, comfort, and welfare of other students. If my participation is terminated, I consent to being sent home at my own (or my parents') expense with no refund of fees.

On group tours, classes or other activities arranged by SACI I will accept the will of the majority whenever a matter of choice is presented to the group. I will also accept in good faith the instructions and suggestions of SACI or its agents in all matters relating to SACI's or the personal conduct of participants.

I understand that from time to time SACI's publicity material may include statements by its students and/or photographs, and I consent to such use of my comments and photographic likeness.

I understand SACI reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions in the interest of each group. I also understand that, if I leave the program voluntarily for any reason, there will be no refund of tuition fees.

All references in the agreement and release to "SACI and its agents" shall include SACI and all of its officers, trustees, directors, staff members, employees, agents and affiliated educational institutions and companies. All references herein to the "parents" of the applicant shall include the legal guardian or other adult responsible for the applicant.

I understand that this agreement shall become effective only upon acceptance by SACI.

Applicant's Signature _____ Date _____

Please enclose a check or money order for \$50 payable to Studio Art Centers International.