

NAZARETH COLLEGE.

THE HEART OF EXCELLENCE.

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: <i>P.O. Box or street apt. no.</i>		<i>city</i>	<i>state</i>	<i>zip</i>
Your tel. number at college	Your college email address		Latest date you can be reached at college dd/mm/yy	
Your permanent (home) address: <i>street</i>		<i>city</i>	<i>state</i>	<i>zip</i>
Your tel. no. 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	<i>city</i>	<i>state</i>	Give yrs. attended	
College # 1 attended	<i>city</i>	<i>state</i>	Give yrs. Attended	Overall GPA
College # 2 attended	<i>city</i>	<i>state</i>	Give yrs. Attended	Overall GPA
Faculty Recommendation Name		Foreign Language Proficiency Recommendation 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: <i>Nazareth College, Pescara Program</i> . This fee will be credited toward the total cost of the Program. US\$ returned for one semester US\$ returned for two semesters				
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 Rochester, NY 14618-3790 (email: mvittia6@naz.edu) (Tel.: 585-389-2688)				

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Pescara Residential Program Housing and Academic Questionnaire (PLEASE PRINT)

Please return this completed questionnaire *no later than March 15 (for full semester) or November 15 (for spring semester)* This information will be kept confidential. If you feel that these questions are of a highly personal nature, please keep in mind that we are trying to understand enough about you in order to insure the best possible home-stay.

Last Name

First Name

Middle

HOUSING DATA

Sex: M _ F Religious tradition: _____ (optional)

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Do you have any siblings? Y N What are their ages?: Brothers _____ Sisters _____

Are you talkative? _____ Shy? _____ Unusually sensitive? _____ Do you have a sense of humor? _____

Are there any foods you particularly dislike? _____ Vegetarian? _____

Are you willing to try anything new? (explain):

Do you help spontaneously in your own home, or do you wait to be asked? (explain)

Would you prefer a large family, a small one, no children, girls only, boys only, your own age only? (please give details)

List any special interests, activities, hobbies

Have you ever been abroad? If yes, when and where?

Do you have any allergies? (please give details)

Have you ever had any surgical interventions? (please give details)

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Pescara Prog. Housing, Academic Questionnaire, page 2 of 2

Your Name _____

Are you under medical treatment for any chronic illness or condition? (please give details)

Do you have any limitations or physical impairment the Program Director should know about?

What type of health and accident insurance do you have? (please give specifics)

Do you smoke?

ACADEMIC DATA

What *academic aims* do you hope to achieve by studying abroad? Indicate your academic preparation and reading in subjects related to your intended course of study.

What subjects, other than Italian, would you like to have the opportunity to study at the IJuniversita degli Studi "G. d'Annunzio"?

In your opinion, **what is your present Italian language ability?**

	Exc.	Good	Fair	Not sufficient at this time
a) Reading				
b) Comprehension				
c) Composition				
d) Grammar				
e) Conversation				

Additional remarks:

What is your present Grade Point Average (GPA)? Overall Italian

Signature _____

Please return completed questionnaire no later than March 15 (for fall semester) or November 15 (for spring semester).

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Evaluation of Language Proficiency

Pescara Italy Residential Program

To the Student Applicant:

This program is taught in Italian, and a minimum level of language ability will be required at the beginning for you to be an effective learner. Ask a current professor of Italian to complete this form. If you are not now studying the language, your most recent teacher of the language can complete the information. You must complete all the items in this box, then print your name and give the program dates in the second box. **You must also provide the Language Reference with a stamped envelope, addressed to:**

Dr. Maria Rosaria Vitti-Alexander, Nazareth College, 4245 East Avenue, Rochester NY 14618.

I have completed the _____ level of Italian, or I have the equivalent language preparation (explain):

My personal estimate of my proficiency in Italian is (check one for each ability):

	Fluent	Very Good	Satisfactory	Unsatisfactory
a) Listening Comprehension				
b) Speaking				
c) Reading				
d) Writing				

I waive ___ do not ___ my right to access to this reference completed by _____
Name of Reference

To the Reference:

Mr./Ms. _____ is a candidate for the Nazareth College Residential Program in Pescara Italy, from _____, 200__ to _____, 200__

We would appreciate your comment on the applicant's language abilities. Please check the boxes that most accurately describe your judgment. Please return this form to Dr. Maria Rosaria Vitti-Alexander at Nazareth College. Thank you.

	Excellent	Very Good	Good	Fair	Poor	No ability
a) Listening Comprehension						
b) Speaking						
c) Reading						
d) Writing						

In your judgment, at what level will this student will he able to function in the language?:

The student should have no difficulty in the program.

The student should be able to function adequately after a brief period of adjustment to the program.

The student should be able to function adequately after a longer period of adjustment to the program.

The student will require considerable language training in order to function adequately in the program.

The student presently has little or no effective language skills to begin immediately in the program.

Please indicate the length of experience with the student upon which you have made your evaluation: _____

What is this student's grade point average in Italian? _____ ; over all grade point average, if known?: _____

Since these ratings may be inadequate for full evaluation of the applicant's proficiency in the language, you are encouraged to make additional remarks on the reverse side of this evaluation form. Thank you for your service.

Your Name (please print) _____ Title or Department _____

Institution: _____ Address: _____ Email _____

Student Signature: _____ Date ____/____/____