

**APPLICATION
SUMMER STUDY ABROAD PROGRAM
IN VERONA, ITALY
May 19, 2009 – June 17, 2009**

APPLICATION CHECKLIST

APPLICATION

Please submit completed application, signed and dated. Please note you **MUST** be 18 years old to apply.

PASSPORT

You **MUST** have a valid passport in order to travel abroad.

FINANCIAL AID

If you are planning on using financial aid to pay for the program you must meet with the Financial Aid Office.

TRANSCRIPT (one copy)

Applicants must have a 3.0 GPA or higher.

If your GPA is below a 3.0 but above 2.7 you may still apply, but you must petition the Dean for approval.

PAYMENT

The program payment will be made according to the following schedule:

- 1st payment of **\$350** – due December 10th (by check, money order or credit card)
- 2nd payment of **\$1,000** – due February 2nd (by check, money order or credit card)
- 3rd payment of **\$2,650** – due April 1st (by check or money order only)

*****If you are interested in paying by credit card please call ASA at (888) 845-4272**

Please submit and send the application, payment, and transcripts to:

Academic Studies Abroad
4 Belgrade Avenue - Suite 5
Roslindale, MA 02131
(888) 845-4272

If you have any further questions feel free to contact:

Loula Kalampalikis
Director of Student Services
Phone: (603) 836-2527
Email: lkalampalikis@nhia.edu

Lee Frankel
Director of Programs, ASA
Toll-free (888) 845-4272

TRAVEL INFORMATION

Have you ever traveled abroad before? _____ Have you ever studied any foreign language? _____

If yes, please indicate which language(s), number of years? _____

SPECIAL ACCOMMODATIONS

Do you have any health problems? YES () NO () If yes, explain _____

Will you require special support services? _____ Yes _____ No

What type of special accommodations would you need to fully participate and enhance the experience in the Study Abroad Program? Please feel free to attach a separate sheet of paper. If you have any concerns about confidentiality, please discuss this in person with the Director of Student Services.

PAYMENT INFORMATION

The payment for the program will be made using:

____ Personal Loan/Financial Aid ____ NHIA Financial Aid ____ My own or parents' money

The bills will be sent to:

____ Present address ____ Permanent Address ____ My financial Aid Officer ____ My Parents

I certify that the information on this application is correct, and I understand that as a student in this program, I shall be subject to all rules, regulations and requirements as to conduct, scholarship and continuance at New Hampshire Institute of Art. I understand that New Hampshire Institute of Art reserves the right to require the withdrawal of any student on account of unsatisfactory academic work or conduct.

Name of Student (please print): _____

Signature of Student: _____ Date: _____

Release Form

POLICIES

- ASA, Inc. reserves the right to refuse admittance to the program.
- There will be no refunds for students who leave the program early for personal reasons or are dismissed for misconduct.
- Students who withdraw from the program before the official start date of a program will only receive a refund for those funds that ASA is able to recover.
- Students who are not admitted onto a program will receive their full deposit back.
- If there are any significant inflationary increases in the exchange rate, Academic Studies Abroad reserves the right to increase the price of the program prior to the departure date.
- Students may not study on an ASA program without a valid passport.

RELEASE

THE STATE OF _____ COUNTY OF _____

I, _____ OF _____

(NAME)

(ADDRESS)

In consideration of the benefits accruing to me from Academic Studies Abroad Program (the "program"), and other good and valuable consideration, do hereby release and discharge Academic Studies Abroad and any and all of their agents, employees, or representatives from all actions, suits, claims, or liability for damages or other legal or equitable relief of any nature resulting from, arising out of, or related to my participation in the program (including, without limitation, claims for personal injury or property damage). In addition, I hereby grant all ASA employees and their agents permission to disclose and release information about me to my current academic advisor at my college/university, as well as to my parents and family.

EXECUTED THIS _____ DAY OF _____, 20_____

STUDENT SIGNATURE