ASSOCIATED COLLEGES OF THE MIDWEST
LONDON & FLORENCE: ARTS IN CONTEXT PROGRAM

General Instructions to Applicant

1. Please print or type your answers, obtain required signatures on the cover page and release, and return these materials in quadruplicate (original plus three copies) to the Program Advisor.
2. Have your Registrar give a copy of your academic record, to be submitted with your application, to the Program Advisor.
3. Obtain three letters of recommendation. At least two should be from faculty members at your college. If possible, at least one faculty recommendation should be from a professor in an area pertinent to the program's academic content. The third could be from an academic administrator or other college faculty member who knows you well.
4. All of these steps should be completed well before your campus deadline so that the Program Advisor can send all your application materials to the ACM Chicago Office on time. ALL MATERIALS SHOULD BE SUBMITTED IN QUADRUPLICATE.
5. If you are not enrolled at an ACM college, please send all materials directly to: ACM, 205 West Wacker Drive, Suite 1300, Chicago, IL 60606.

Personal & Academic Information

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<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Sex</th>
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<tr>
<th>E-Mail Address</th>
<th>Country of Citizenship</th>
<th>Social Security Number</th>
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<tr>
<th>College</th>
<th>Major Field</th>
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<tr>
<th>Your Address at College</th>
<th>Anticipated academic standing when program begins:</th>
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<tbody>
<tr>
<td>City</td>
<td>State</td>
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<tr>
<th>Anticipated Year of Graduation</th>
<th>Cumulative GPA (on a 4.0 scale)</th>
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<th>Name of Parents or Guardians</th>
<th>Person to be notified in case of emergency</th>
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<table>
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<tr>
<th>Home Address</th>
<th>Address (if different from home address)</th>
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<tr>
<td>City</td>
<td>State</td>
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<th>Day Telephone</th>
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If you will be off-campus, where can we contact you during the application process? Give an address, phone number and specific dates.

References

1. Name | Title & Dept
2. Name | Title & Dept
3. Name | Title & Dept

Required Signatures

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Date</th>
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<tbody>
<tr>
<td>Applicant’s Academic Advisor*</td>
<td>Print Name</td>
</tr>
<tr>
<td>Academic Dean**</td>
<td>Print Name</td>
</tr>
<tr>
<td>Dean of Students***</td>
<td>Print Name</td>
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</table>

* Your signature will affirm that this program is consonant with the applicant’s academic program.
** Or Off-Campus Programs Officer. Your signature will certify that the appropriate academic body has approved the student’s candidacy for the program.
*** Or equivalent. Your signature will indicate that to the best of your knowledge the applicant has demonstrated sufficient emotional stability and maturity to participate in an off-campus program requiring adjustment to a different environment and intensive interaction within a small group of students.
ACM LONDON & FLORENCE PROGRAM

*Please briefly answer the following questions on additional paper. Be sure to number your responses and attach the additional sheets to the application form.*

**Academic Background**

1. List all courses not on your transcript that you will have completed before the beginning of the program.

2. What course work and reading have you done in the areas of art history, theatre history, Renaissance or Italian history, Italian literature and the humanities in general?

3. Have you participated in an independent study program or research project? If so, please describe the work and its end project.

4. List any scholastic honors or awards, and any other extracurricular activities, positions, or awards.

**Foreign Language Skills**

5. How much formal study have you had in Italian language? If you have no background in Italian language, what language training do you plan to take before the start of the program?

**Other Information**

6. If accepted, would you like to enroll in the January language course offered in Florence? If so, explain why you would like to participate, as admission in this course is highly competitive.

7. Have you ever traveled or lived in Italy, England or among people quite unlike yourself? If so, please discuss the circumstances and your adjustment to them.

8. Do you have any health problems about which we should be informed? Please include anything that might affect your housing needs, your mobility or your ability to participate in a physically, mentally and emotionally challenging program. Include any information about food restrictions, allergies, special medications, or disabilities.

**Essay**

*Please answer the following essay question on a separate sheet of paper. The essay should be about 300 words, typed and proofread, and reflect the depth of your interest in this program.*

1. Explain in some detail why you want to participate in the London and Florence program, with particular reference to academic and personal goals and expectations. What strengths, talents, interests and background do you have which would make you a good candidate for the program? Discuss your awareness of the academic and cultural challenges inherent during a semester in a historically and culturally different country.
ACM LONDON & FLORENCE PROGRAM

Academic Program Recommendation

Applicant's Name ________________________ Program Advisor _________________

Please use the opposite side of this page or a separate sheet of paper, and number your responses.

Your candid assessment of the strengths of this student's application to the ACM London & Florence Program will weigh heavily in the Selection Committee's final decision. Please consider your answers carefully; if possible, read the student's completed application and review the objectives of the program outlined in the current program brochure or web page at http://www.acm.edu.

How long have you known this student? _______________________________________

In what capacity? _____________________________________________________________

1. Does the applicant have valid educational reasons for participating in this program? Please elaborate.

2. Will the applicant be adequately prepared for the program through formal academic work?

3. What is your general estimate of the applicant's intellectual ability and motivation?

4. Does the applicant have any particular strengths which will likely be assets to the program?

5. Off-campus programs require emotional maturity, self-discipline, initiative, and a certain amount of physical stamina. Participants must be able to adjust to different cultural influences, function as an active member of a group without generating friction, keep up with a rigorous schedule, take some initiative in using free-time effectively, and maintain academic study habits in an off-campus situation. What difficulties, if any, might the applicant experience with regards to this program?

6. Please add any comments you believe will be helpful to the Selection Committee.

Referee's Name (please type or print) __________________________________________

Signature _________ Department or Title _________________________________

College ___________ Date ____________________________

Acknowledgment of this report will not be possible, but please accept in advance the thanks of the members of the Selection Committee.

Please return this form to the Program Advisor.
AGREEMENT AND RELEASE

THIS IS A RELEASE -- READ IT CAREFULLY

The undersigned, being a student at ______________________ College, and applying for participation in the London & Florence: Arts in Context Program off-campus program of the Associated Colleges of the Midwest (the “Program”), and having the opportunity to gain certain academic credit through participation in such Program, and in consideration of one dollar ($ 1.00) and other good and valuable consideration receipt of which, as one portion of the program fee, is hereby acknowledged; hereby agrees and forever releases the Associated Colleges of the Midwest and each of them, and any officer, director, staff, employee, servant, representative, trustee, insurers, heirs, executors, administrators, successors and assigns, and or agent thereof (“ACM”) of and from any and all liability for any act or omission of any kind or character whatsoever and releases them from any and all costs, damages and claims or assertions of any kind which the undersigned or any of my heirs, successors or assigns may at any time claim or otherwise assert against them and specifically without limitation agree as follows:

1. The program director has the unlimited authority to establish rules concerning the operation of the Program and should the director decide that a student must be separated from the Program because of any violation of such rules, for behavior deemed disruptive to the Program, or for any conduct which could adversely impact the Program that such decision will be final and unappealable;

2. Program tuition covers educational costs of the program, such as staff salaries. Because these costs are fixed, once participation in the program has started, tuition refunds will be strictly limited, and will be made in accordance with the policy on the home campus. Such participation shall be defined as either the day students arrive on the program site or begin group travel;

3. The undersigned hereby releases ACM, any member college, any officer, director, staff, employee, servant, representative, trustee, insurers, heirs, executors, administrators, successors and assigns and or agent, thereof, from any and all personal injury to myself or any damage to, or loss of any personal property caused by acts or omissions of anyone, including but not limited to hotels, carriers, fellow students, restaurants, educational organizations, persons, groups or organizations, including but not limited to ACM, relating to or arising out of the work or study in any ACM program.

I have read the foregoing Agreement and Release, fully understand it and I accept the conditions stated therein.

________________________________________  __________________________
Signature of Student                      Date

________________________________________  __________________________
Name of Student                           Social Security Number

(please turn over)
AGREEMENT AND RELEASE WITH INDEMNIFICATION AGREEMENT

THIS IS A RELEASE -- READ IT VERY CAREFULLY

In conducting academic programs, the Associated Colleges of the Midwest makes every effort to protect the welfare and safety of the participants. However, ACM cannot assume responsibility for damage to or loss of property, personal illness or injury, or death while a participant is on the program, nor can ACM assume responsibility for participants. We therefore require each applicant and his/her parent or guardian to sign the following statements as an indication that this position is understood and accepted.

The undersigned, being the parent, guardian or other legal representative of ______________________ (the “Student”), a student at ______________________ College (the “College”), who has sought and received my permission to participate in the London & Florence: Arts in Context Program (the “Program”) of the Associated Colleges of the Midwest (“ACM”), which I understand will necessitate the travel of my child from ______________________ to Florence, Italy and London, England to participate in such Program, hereby agrees and releases and forever discharges the College and ACM and all their officers, directors, staffs, employees, trustees, servants, representatives, insurers, heirs, executors, administrators, successors and assigns, and or agents of and from any and all liability of any kind or character whatsoever to me or my heirs, successors or assigns with respect to any act or omission by ACM to the participation of the Student in the Program.

I further agree that I will indemnify, defend and hold harmless ACM, the College, their officers, directors, staffs, employees, servants, representatives, trustees, insurers, heirs, executors, administrators, successors and assigns, and agents from any and all claims of any nature whatsoever made by anyone which in any way arise out of or in any way related to any activity of the Student in participation of the Program.

I have read and understand the terms and conditions of this Agreement, Indemnification and Release, and I agree and subscribe to them. My signature below also signifies that the Student has sufficient health, accident, disability and hospitalization insurance to cover him/her during participation in the Program, that ACM is named an additional insured thereunder, and that I expect and recognize that none of the fee paid for this Program goes toward the payment of such insurance, and that neither ACM nor the College has an obligation to provide any insurance related to the Student.

I further state that I have read the terms of the Agreement and Release attached hereto (over), that has been signed by the Student with my permission, and that I understand fully said agreement and agree to be bound by the same terms and conditions as if I myself had signed the Release and Agreement.

__________________________________________
Signature of Parent, Guardian or Other Legal Representative of Student

Date

__________________________________________

Please return this form with the application form.
Thank you very much for your cooperation.