

Washington University  
Summer Language Institute in Italy  
*Application for Admission*

**PLEASE PRINT CLEARLY!**

This form is to be filled out and returned with the signed

Waiver of Responsibility to:

Professor Iva Youkilis  
Summer Language Institute in Castelraimondo  
Department of Romance Languages and Literatures  
Campus Box 1077  
Washington University  
St. Louis, MO 63130-4899

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Initial

Local Address \_\_\_\_\_  
Street (Box #)

\_\_\_\_\_ City State Zip

Local Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Student's ID \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

Parent's Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Do you have a valid U.S. passport? \_\_\_\_\_

Present Italian Course \_\_\_\_\_

Master Class Teacher \_\_\_\_\_

Master Class Teacher Evaluation Form References

From \_\_\_\_\_ On \_\_\_\_\_ (date)

Letter of Recommendation requested from \_\_\_\_\_

on \_\_\_\_\_ (date)

Transcript requested from \_\_\_\_\_

on \_\_\_\_\_ (date)

Current year at Washington University \_\_\_\_\_

FOR OFFICE USE ONLY:

Application received \_\_\_\_\_

Waiver of Responsibility \_\_\_\_\_

Transcript Received \_\_\_\_\_

Letters of Recommendation \_\_\_\_\_

Master Class Evaluation \_\_\_\_\_

Accepted for Admission \_\_\_\_\_

Contract Mailed \_\_\_\_\_