



INSTRUCTIONS:

This document is an electronic form. Please fill it out on the computer, then print it, sign and date at the bottom of each page.

1. This form contains two (2) pages. Fill out completely, print and sign at the bottom of each page.
2. Print your name exactly as it appears on your passport.
3. For any additional information you may want to provide, please include a separate sheet, with your name, signature and date at the bottom.
4. Save a copy of this application for your records.

Mail this application with other required documents and the program deposit to the following address:

Wladek Fuchs
Director of International Programs
School of Architecture
University of Detroit Mercy
4001 W. McNichols Rd.
Detroit, MI 48221

Personal Information:

Last name	First Name	Middle initial
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate (dd/mm/yyyy)	Birthplace (city/state or province)	Sex
Citizenship	Passport number	Issued by
		Exp. date (dd/mm/yyyy)

Permanent Home Address:

Street	City	State/Province	ZIP/Postal Code	Country

College/School Information:

College/School name	Major	Class of	GPA
Address at school: street	City	State/Province	ZIP/Postal Code
		Country	

Contact Information:

Phone - home	Phone - college/cell	E-mail - primary	E-mail - secondary

Parent/Emergency contact information:

Name	Relationship
Street	City
State/Province	ZIP/Postal Code
Country	
Phone - home	Phone - business
Phone - cell	E-mail

Meal Plan

- I am interested in the Meal Plan
- I am not interested in the Meal Plan

Applicant's name (please print)

Applicant's signature

Course selection (min. three courses required)

- HIS 3170 Social History of Art in Italy
- ITL 1100 Italian Language and Culture
- FINA 3910 Alabaster Sculpture
- Independent study/online course (must be approved)

Date

For office use only - do not write.



Do you have allergies or any chronic illness of which our Program Director should be aware?

Yes No If yes, then please specify: _____

Are you receiving medication for any chronic medical or mental condition?

Yes No If yes, then please specify: _____

Have you ever received counseling or treatment for a nervous or emotional problem (e.g., depression, an eating disorder)

Yes No If yes, then please specify: _____

Do you have any special needs which would make it difficult for you to climb stairs or walk long distances?

Yes No If yes, then please specify: _____

Have you ever been convicted of a criminal offence?

Yes No If yes, then provide complete details on a separate sheet.

If you know the name of the person(s) you would like to share the room with in Volterra please list them below:

1. _____ 2. _____

Checklist for the application documents:

- Michigan Uniform Undergraduate Guest Application
- Official transcript or student copy of the transcript from the university where you are currently enrolled
- Copy of the name page of the US/Canadian passport.
- A recommendation letter from one of your university professors.
- Non-refundable deposit. Please make the check payable to UDM School of Architecture. The deposit will be credited towards the Residency Fee. It will be refunded if the student is not admitted to the program.

Program payments - see program website

Attention:
Deposit payment
is due with this application.

See website
www.udmercy.edu/volterra
for the deposit amount.

Make check payable to:
UDM School of Architecture

Check number/received date

Applicant's name (please print) _____

Applicant's signature _____

_____ Date

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