

St. Bonaventure University's Summer Study in Italy

2025 APPLICATION - ITEM 1

PERSONAL INFORMATION (Please print.)

Applicant's Last Name	First Name	Middle Initial	() Nickname if applicable
Date of Birth	Sex (M/F)	City/State/Country of Birth	Student ID #

PHONE NUMBER AND E-MAIL ADDRESS:

Phone #	Email Address
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HOME MAILING ADDRESS:

Street Address	Box/Apt. #	
City	State	Zip Code
Home Phone #		

ACADEMIC INFORMATION

CURRENT ACADEMIC STATUS (Circle appropriate level):

Freshman Sophomore Junior Senior Major _____ Current Overall GPA _____ *

***Participation in the Summer Study in Italy Program requires a minimum GPA of 2.5.**

REFERENCES

Please list names, department affiliations and e-mail addresses of TWO St. Bonaventure faculty or staff who can attest to your academic and personal character. (At least one must be a faculty member.) Please inform both references that Robert Donius, Director of the Summer Study in Italy Program, will send recommendation forms to them.

1. Name: _____ Department: _____ E-Mail: _____
2. Name: _____ Department: _____ E-Mail: _____

Signature and Directions for Submission of Application:

Please sign below to acknowledge that Director Robert Donius will check your SBU academic and disciplinary records. **Participation in the Program is limited to twenty students (minimum ten) based on the order in which the completed application (Items 1-6)* is received and subject to a personal interview and receipt of recommendations. Please submit this form and a passport size photo of yourself to Bob Donius. And make a \$200 deposit to SBU Business Office or online at my.sbu, Student Services, Student Accounts, SUMMER STUDY IN ITALY (Perugia)**

PAYMENTS.

*Note: Application Item 6 requires a parent/guardian signature.

Applicant Signature: _____ Date: _____ Deposit Paid: (date) _____

Return to: Professor Bob Donius donius@sbu.edu (cell: 716-307-1392)

drop off completed application at Office of Dean of Arts and Sciences, 1st Floor Plassmann Hall

(Please note deposits and payments are NON-REFUNDABLE unless the Program is cancelled.)

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APPLICATION – ITEM 2 COURSE SELECTION (Tentative Listing)

Name: _____

Choose **two** of the following three-credit courses (total 6 credits)

_____ *THFS 333 Christian Marriage (3 credits)* *Professor Bob Donius*
(fulfills required THFS elective)

And one of the following 3-credit courses offered by Umbra Institute Faculty:

- _____ *HSIT 349: The History and Culture of Food in Italy (also SOC 349)*
- _____ *ENG 358: Writing Italian Food*
- _____ *ART 215: Photography: Portfolio of Perugia*
- _____ *EDUC 354: Critical Disabilities Studies (also PSYC 354)*
- _____ *BUS 355: Digital Marketing: Wine and Wineries of Central Italy (also COMM 355)*
- _____ *ANTH 375: Anthropology of Food and Eating: Understanding Self and Others*
- _____ *PSYC 290 Intercultural Communication*
- _____ *ART 275: Art in and for a New World: Sustainability, Consciousness and Ethics (also ARTH 275)*
- _____ *ITLN 101: Living Perugia: Elementary Language, Culture and Reflection*

Please list alternate choices for any courses selected:

Do you have a passport valid through the end of December, 2025?

Yes _____ No* _____

If yes, list your name **exactly** as it appears on your passport:

***If you do not yet have your passport, please get it as soon as possible.**

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APPLICATION – ITEM 3

Emergency Information

Please provide the information below for the person that should be contacted in the event of an emergency.

Student Name _____ Birth Date _____

E-mail _____

Phone _____

Person to contact in the event of an emergency:

Name _____

Relationship _____

Phone #'s Home: _____ Work: _____ Cell: _____

Address _____

E-mail _____

In the event that the above person cannot be contacted, please provide a secondary contact person:

2nd Name _____

Relationship _____

Phone #'s Home: _____ Work: _____ Cell: _____

Address _____

E-mail _____

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APPLICATION – ITEM 4

CERTIFICATION OF INSURANCE

(Health, Accident, Medical, Hospital)

My insurance carrier has certified to me that the following policy, which is currently in effect, will cover me while I am overseas:

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy Number: _____

I further understand that I am responsible for providing my coverage for health, accident, medical and hospital insurance during the entire period I will be a participant in the Summer Study in Italy Program for which I am applying.

Name: _____

Signature: _____ **Date:** _____

If you do not currently have insurance, you must purchase adequate coverage. All participants must be insured. This is for your protection.

In addition to your U.S. based insurance, the program will purchase and provide International Insurance for each student participant.

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Item 5

Pledge of Acceptance

Introduction: All students are expected to observe local rules including the rules of The Umbra Institute and St. Bonaventure University and to exhibit behavior that will reflect positively on themselves and both institutions, and their country. Students are required to consider and respect the rights of all with whom they come into contact. St. Bonaventure University reserves the right to require the withdrawal of any student for reasons of inappropriate personal behavior or negligence in academic performance. The payments made to St. Bonaventure University for The Study in Italy Program are non-refundable.

1. Attendance at all class meetings, tutorials, individual academic conferences, and course related field trips is mandatory. Completion of all academic assignments, quizzes and exams is mandatory. The final course grade for any student absent for any reason except serious illness or emergency will be lowered by one full letter grade per absence. Excessive absence will result in dismissal from the program.
2. Disrespectful, inexcusable, or repeatedly disruptive behavior will result in automatic dismissal from the program as will acts of theft or vandalism. Full restitution will be required. Students will be held accountable for full costs of any damage they cause purposely or inadvertently to persons and property. St. Bonaventure University reserves the right to charge damage fees directly to the students' St. Bonaventure University accounts.
3. Illegal drugs in any form will not be tolerated. Generally, laws state that the possession of any drug is illegal and punishable by fine, imprisonment, and/or deportation. Students found using drugs are subject to immediate expulsion from the program. Abuse of alcohol will also result in dismissal from the program.
4. Breaches of the law of the land will be referred to the appropriate law enforcement authority.

I have read these rules, and I agree to uphold them throughout my participation in St. Bonaventure's Summer Study in Italy Program. I understand that violation of any of these rules will lead to serious consequences as indicated above. I understand that no money will be refunded to me if I am expelled from the program. I also agree that St. Bonaventure University assumes no legal responsibility for my physical or moral welfare while I am a member of the program.

Signature: _____ Date: _____

Print Name: _____

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APPLICATION –ITEM 6

PAGE 1 OF 2

As a student enrolling through St. Bonaventure University, an Overseas Academic Program Release must be on file before departure. Informed consent and agreement to these conditions (indicated by signing this form and returning it along with the other application items) is required.

PLEASE READ CAREFULLY.

I, _____, an applicant for Summer Study in Italy during the summer of 2025 through St. Bonaventure University, waive and release any and all claims against St. Bonaventure University and its agent (s), and the host institution abroad for any injury, accident or damages caused to me, my possessions or caused by me to other parties (including but not limited to) caused by any vehicle, war, weather, strike, sickness, quarantine, government restrictions or regulation, or stemming from any act or omission of any airline, railroad, hotel, restaurant, bus company, taxi service, school, university or other firm, agency (government or private), company or individual

I acknowledge that I am aware that there are risks involved in participation in a study abroad program and that I am willing to assume these risks.

By signing below, I certify that I understand and hereby acknowledge that:

I release St. Bonaventure University (referred to as SBU) and its agents and agree to indemnify them with regard to any financial obligation or liabilities that I may incur personally or any damage resulting from participation in the study abroad program of SBU.

In consideration of my acceptance for participation in this study abroad program, I do waive and release all claims against the University and its agent(s) for any injuries, damages or losses incurred in connection with terrorist activities, social or labor unrest, mechanical or construction difficulties, disease, local law, climatic conditions, abnormal conditions or developments, or any other actions, omissions, or conditions outside the University's control.

I hereby grant St. Bonaventure University and its agent(S) full authority to take whatever action(s) they may consider to be warranted under the circumstances concerning my health and safety, and I fully release each of them from any liability for such decisions or actions as they may be taken in connection therewith.

I authorize SBU and its agents, at their discretion, to place me, at my own (or my parents/guardian's) expense, and without any further consent, in a hospital within or without the United States of America for medical services and treatment, or if no hospital is readily available, to place me in the hands of a local medical doctor for treatment.

If deemed necessary by SBU or its agent(s) I authorize them to transport me back to the United States by commercial airline, and I assume responsibility for the expenses involved. Any funds advanced to me for any purpose will be reimbursed upon demand either by my parents/guardian or myself.

I have been advised that I must be covered by health and accident insurance during the entire period of my participation in the study abroad program. I agree to report to the University any physical or mental condition I have which may require special medical attention or accommodation during the program at least sixty days prior to the starting date of the program.

I agree to comply fully with the rules of St. Bonaventure University and its host institution(s) and/or travel facilities. I agree that SBU has the right to enforce its standards of conduct and that, should I fail to comply with them, the University has the right to notify my parents or legal guardians and to terminate my participation in the program with no refund of monies paid. In the event of termination, I agree to be sent home at my own or my parents/guardian's expense. I understand that this is an organized program and that group standards must be observed. Except for those periods designated as free time, I will at all times remain under the supervision of SBU and its agent(s) and will comply with the rules, standards and instructions for student behavior. I hereby waive and release all claims against SBU and its agent (s) arising out of my failure to remain under such supervision or to comply with such rules, standards and instructions.
(Continued on Page 2)

APPLICATION - ITEM 6 (CONTINUED) - PAGE 2

I agree that SBU, its agent(s), host institution(s), travel facilitators, etc. have the right to terminate my participation at any time for failure to maintain standards or for any actions or conduct which SBU and its agent(s) consider to be incompatible with the interest, harmony, comfort and welfare of other students.

It is my understanding that SBU, its agent(s), its host institution(s), etc. are not responsible for any injury or any loss whatsoever suffered by me during periods of independent travel (which I understand are at my own expense and are arranged separate from the academic program of the University), or during any absence from the academic program of the University or other supervised activities. On group tours or other activities arranged by SBU and/or its agent(s), I will accept the will of the majority whenever a matter of choice is presented to the group.

I understand the SBU and its agent(s) reserve the right to make changes in initial campus assignments, housing, etc. and to make alterations in programs and itineraries as may be required. I understand that program changes are based on applicable fees and government regulations and are subject to changes depending on regulations in effect at the time of departure.

I give my consent for SBU, its agent(s), host institution(s), faculty, organizations and individuals cooperating with SBU's Summer Study in Italy Program in the administration of the program to use images of me or written statements from me in promotional and informational materials.

I authorize the release of my student records as described below: (Sign) _____

According to the provisions of Public Law 93-380 (20USC 1232g-Family Educational Rights and Privacy Act of 1974) and in connection with my participation in Summer Study in Italy, I hereby authorize SBU to communicate with my parents or guardian or host institution or agent(s) and provide them any academic, personal, or financial information deemed appropriate by the Director of each office. I waive any requirement that I be furnished a copy of these records prior to or concurrent with their release. This consent remains effective until my relationship with SBU is terminated, financial accounts are settled, and grades recorded.

All references in this Release to SBU and "its agent(s)" shall include SBU and all its officers, directors, staff members, campus directors, chaperones, group leaders, employees, advisors and agents.

STUDENT SIGNATURE SECTION:

I, _____, have read the terms and conditions set forth in the University's descriptive information and I agree that these constitute a part of my agreement with SBU. I, _____, understand and agree to all of the University's terms as set forth in the descriptive information and in the Release.

I, _____, further understand that this agreement shall take effect only upon my acceptance by the Program.

Applicant's Signature: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE SECTION:

I, _____, certify that I am the parent/ legal guardian of the above applicant and that I have read the foregoing Release and examined the information in the program description. I, _____, hereby join in each and every part of the Release (including such parts as may subject me to financial responsibility), and hereby relinquish any claim that I may have against SBU or its agent(s) as set forth above.

Parent/Guardian Signature: _____ **Date:** _____

ALL STUDENTS, REGARDLESS OF AGE OR FINANCIAL STATUS, MUST HAVE A PARENT/GUARDIAN SIGNATURE.