



Office for International Programs
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STUDY IN ITALY AT THE JOHN FELICE ROME CENTER

Applicant's Name: _____

Applicant's E-mail Address: _____

Applicant's Social Security Number: _____ or Home Institution I.D. #: _____

Application for:

Full Year: August to April _____ (year)

Fall Semester: August to December _____ (year)

Spring Semester: January to April _____ (year)

ACADEMIC ADVISOR/DEAN RECOMMENDATION

A recommendation writer should be aware that Public Law 93 - 380 permits the student to inspect recommendations unless he/she has signed the waiver below. The undersigned student hereby waives his/her right to inspect this form under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment).

Applicant's Signature

Date

1. Has the applicant ever been on academic probation? _____ Yes _____ No
2. Grade point average as of this date: _____ on a scale of _____
3. Total number of college credits completed as of this date: _____ Semester hours
_____ Quarter hours
4. Applicant is: _____ Recommended _____ Recommended with reservation _____ Not recommended
On the basis of _____ records _____ personal acquaintance

Academic Advisor's and/or Dean's Comments:

Name: _____ Signature: _____

College or University: _____

Position: _____ Date: _____