

**COLLEGIUM PHAENOMENOLOGICUM
CITTÀ DI CASTELLO, UMBRIA, ITALY**

**APPLICATION FOR ADMISSION
(Application deadline: February 15, 2009)**

A non-refundable application fee of \$20 or 15.00 Euros, paid by check or money order, is required at the time of application. Please make checks payable to the *Collegium Phaenomenologicum*. European applicants should mail their application materials to the European Correspondent. All others should mail their applications to the Director. Addresses follow at the end of this application.

Name:

Last **First** **Middle**

Present Address:

Number and Street

City **State** **Zip Code** **Country**

Telephone: _____ **E-mail Address:** _____

Summer Telephone (if different): _____ **Birth Date:** _____

Place of Birth: _____ **Citizenship:** _____

Legal Residence: _____ **Social Security #(U.S.only):** _____

If you are not a U.S. citizen or resident and you are studying in the U.S., specify the type of your visa:

Please note: Participants are responsible for having the appropriate visa(s).

In case of emergency, notify:

Name(s): _____

Relationship to you: _____

Address: _____

Phone: _____

Major field of study:

List, chronologically, all colleges and universities attended and degrees obtained:

Name of Institution:

Degree:

In addition to this application information, please also submit items 1-3 of A or B below:

A. If you are a college or university faculty member:

- 1) A current curriculum vitae.
- 2) A statement of purpose (please attach printed one-page statement to application).
- 3) One letter of recommendation from someone who knows your academic qualifications.

Name of referee

Institution

Position

B. If you are a graduate student:

- 1) One copy of your transcript from the college or university most recently attended.
- 2) A statement of purpose (please attach printed one-page statement to application).
- 3) Recommendations from two faculty members who know your academic qualifications.

Name of referee	Institution	Position
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Name of referee	Institution	Position
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Please ask your referee(s) to mail the letter(s) directly to the European Correspondent or the Director.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

I hereby certify that the information on this application is complete and accurate:

Applicant's signature

Date

Director, 2009 Session:

Peg Birmingham, Director
Collegium Phaenomenologicum
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COLLEGIUM PHAENOMENOLOGICUM CITTÀ DI CASTELLO, UMBRIA, ITALY

CONDITIONS OF MEMBERSHIP / AGREEMENT AND RELEASE

To Applicants (and their parents, where applicants are less than eighteen years old or otherwise not responsible for legal agreements):

The two agreements below are designed primarily to protect our group members and also, a necessary precaution, to protect the Collegium Phaenomenologicum in the event that an emergency requires immediate action.

CONDITIONS OF MEMBERSHIP

1. The applicant agrees that the Directors of the Collegium may at any time terminate her/his participation in the program if the applicant engages in action endangering or harming herself/himself or others. The applicant further agrees, if expelled from the program, to be responsible for all expenses incurred in return to the country in which she/he resides.
2. The applicant certifies that she/he has adequate accident and illness insurance and that proof of such insurance will be provided on request.

AGREEMENT AND RELEASE

I/WE, In consideration of permission granted by the Board of the Collegium Phaenomenologicum to _____ (the participant) to participate in philosophical studies in Italy, have read and accept the Conditions of Membership, and I/WE, for myself/ourselves, my/our heirs, executors, and successors, hereby release and save harmless the Collegium Phaenomenologicum, its trustees, officers, employees, and agents from any and all claims and causes of action for loss of property, personal injury, or death, sustained by me/us arising from out of any travel or activity conducted by or under the control of the Collegium Phaenomenologicum.

Executed as a sealed instrument this _____ day of _____, 20____.

Witness
(Applicant) _____

Witness
(Parent/guardian) _____
(signatory of/generator of Agreement/Release)