

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

**APPLICATION FOR ADMISSION  
(Application deadline: February 15, 2020)**

All applicants should email their applications in an electronic format directly to the Director at k-sweet@tamu.edu. Please write "Collegium 2020 Application" in the subject heading. If it is necessary to send hard copies of application materials, applicants from North America and Africa should send them by mail to the Director, applicants from Latin America to the Latin America Correspondent, applicants from Europe to the Europe Correspondent, applicants from Australia to the Australia Correspondent, and applicants from Asia to the Asia Correspondent. Addresses follow at the end of this application form.

**Name:**

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**Last**

**First**

**Middle**

**Present Address:**

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**Number and Street**

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**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):** \_\_\_\_\_

**Please note: Participants are responsible for having the appropriate passport/visa(s) for traveling to Europe. Note that visa applications may take some time.**

**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:**

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**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 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 one-page statement to application).
- 3) Recommendations from two faculty members who know your academic qualifications.

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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 or email the letter(s) directly to the Director or the relevant correspondent.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

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

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Applicant's signature

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Date

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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)