

Rome 2004
Classics Department January in Rome Program
January 6-22, 2004

APPLICATION

RETURN TO PROFESSOR SEVERY or HERTA PITMAN
BY FRIDAY, SEPTEMBER 19, 2003

Name: _____

School Address: _____

School Phone: _____ Macalester Student ID #: _____

Home Address: _____

Home Phone: _____ Email Address: _____

Nationality: _____

Passport Number and Expiration Date: _____

Birth Date: _____ Gender: _____

Emergency Contact: _____
(include names, phone and address)

Medical Insurance Company Name: _____

Address: _____

Telephone: _____ Group & ID # _____

Medications (List what you will take with you): _____

Foreign Languages: _____ Major/Minor: _____

Special Dietary Needs: _____

Attach a one-page statement of purpose explaining why you are interested in the Rome Program. Return to 311 Old Main by Friday, September 19, along with a check for \$1000.00, made out to Macalester College. This deposit will be returned if you are not accepted into the program, but otherwise becomes a non-refundable deposit.