

Rochester Institute of Technology
Office of Career Services and Cooperative
Education
Genova International Experience Application

Part I



Rochester Institute of Technology
Office of Career Services and Cooperative Education
Bausch & Lomb Center
57 Lomb Memorial Drive
Rochester, NY 14623

Rochester Institute of Technology
Office of Career Services and
Cooperative Education

Genova International Experience Application Checklist

Thank you for your interest in A Door To Italy International Experience Program. Please take the time to carefully read all the information contained in this application packet.

Please use the following checklist and return all necessary materials to complete your application. ***Please return this application to Elisabetta D'Amanda.*** Application may also be emailed to info@adoortoitaly.com.

Due by **December 3rd or February 23, 2019** for the summer break trips – PLEASE CHECK SEPARATE SPECIFIC DATES

Part I

- ___1) European Resume: Sample included
- ___2) Cover Letter: “Why an International co-op abroad in Italy will enhance your career.”
- ___3) List of relevant coursework
- ___4) Personal Info
- ___5) A non-refundable \$100 application fee.

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Genova International Experience Application Form

Contact Information

Full Legal Name: _____ RIT ID #: _____

Permanent Address: _____

RIT E-mail: _____ Personal E-mail: _____

Home Telephone Number: _____ Cell Phone Number: _____

Personal Information

Gender: _____ Male / _____ Female Date of Birth (mm/dd/yy): _____

Country of Citizenship: _____

Parent/Guardian Contact Information

Full Name: _____ Relationship: _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Please check this box to give us permission to send program information to your parent or guardian.

Program Information

4 weeks - \$4,450

8 weeks - \$6,450

12 weeks - \$7,850

Passport Information

Passport #: _____

Expiration Date: _____

If you do not have a passport, have you applied? Date: _____

Applicant's General State of Health:

___Excellent ___Good ___Fair ___Poor

1. To the best of your knowledge, do you have any health problems that would prevent you from taking part in this international experience program? If Yes, please explain:

2. Do you have any chronic ailment that requires special consideration, treatment or medication? If so, please list any regular medications below.

Student Signature