Application Procedure

1. Complete the AIFS application form.
2. Attach deposit of $450 made payable to “AIFS.” Please see Agreement & Release form for the complete refund policy.
3. Attach a photocopy of the information page of your passport (the page with your picture). If you do not yet have a passport, please apply for one immediately, and mail a copy once you have received it.
4. Attach two 2”x2” head shot photographs with your name and program (“MU Math”) on the back of each.
5. Give the completed application form, photographs and deposit to: Dr. Anna Ghazaryan, Department of Mathematics, Miami University, Oxford, OH 45056. Phone (513) 529-0582, E-Mail: ghazarar@miamioh.edu.
6. The balance of fees should be sent before the dates indicated directly to: Registrar, Customized, Faculty-Led Programs, AIFS Study Abroad, 1 High Ridge Park, Stamford, CT 06905. Telephone: (800) 727-AIFS.

The AIFS program fee is based on enrollment: $5,095.00 (with 10-13 participants), $4,595 (with 14-17 participants), and $4,345 (with 18 or more participants); and includes the following:

- In Venice
  - accommodation in twin hotel rooms with daily breakfast;
  - welcome reception;
  - guided city walking tour;
  - 72-hour local water transport pass;
  - guided visit to Palazzo Ducale;
  - boat transfer from hotel to bus and private bus transfer to Florence;

- In Florence
  - taxi transfer to apartments upon arrival in Florence;
  - accommodation in shared, self-catering apartments within the historical center of Florence with typically 4-6 students sharing a 2 or 3-bedroom apartment;
  - guided city walking tour;
  - guided visits to the Uffizi Gallery, Galileo Museum and University of Florence Mathematics Department – Archimedes Garden;
  - guided day trip to Pisa including a tour of the Piazza dei Miracoli and visit to the Museum of Calculus instruments;
  - Italian cooking class;
  - group meal;
  - access to the wireless-enabled AIFS Student Center and the services of the AIFS Program Coordinator and Student Advisors for information, personal advising/counseling and 24-hour emergency contact service;
  - taxi transfer from the apartments and private bus transfer to Rome;

- In Rome
  - taxi transfer to the apartments upon arrival in Rome;
  - accommodations in shared, self-catering apartments in the center of Rome with typically 4-6 students sharing a 2 or 3-bedroom apartment;
  - metro and bus travel pass valid for use in the central area of Rome;
  - guided visits to the Coliseum and Roman Forum, and to the Vatican Museums;
  - visit to the Mathematics Museum;
  - day trip to Ostia Antica including entrance to the archaeological area;
  - farewell dinner;

Also
- orientation meeting on-site in each location including a meeting with AIFS staff and essential local area information;
- pay-as-you-go cell phone (students are responsible for adding credit to the phone);
- wireless Internet access the accommodations in each location.
- official police registration fees;
- the services of an AIFS representative to assist the group and provide 24-hour emergency contact service;
- medical and program fee refund insurance policies.

Program fee does not include the following:

- airfare;
- $125 refundable damage deposit;
- tuition fees to your university;
- textbooks;
- passport and visa fees if applicable;
- additional field trips or excursions required by your instructors;
- meals other than those listed;
- personal expenses;
- optional personal effects coverage and medical insurance upgrade;
- anything not specifically listed as included.
## PAYMENT SCHEDULE FOR AIFS FEES

<table>
<thead>
<tr>
<th>Summer Program</th>
<th>Fee</th>
<th>Deadline</th>
<th>Optional</th>
<th>Fee</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment deposit</td>
<td>$450.00</td>
<td>With Application</td>
<td>Medical Insurance Upgrade</td>
<td>$65.00</td>
<td>April 28, 2017</td>
</tr>
<tr>
<td>Balance of fees*</td>
<td>$4,645.00</td>
<td>April 28, 2017</td>
<td>Personal Effects Coverage</td>
<td>$90.00</td>
<td>April 28, 2017</td>
</tr>
<tr>
<td>Sub-total*</td>
<td>$5,095.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage Deposit (Mandatory/</td>
<td>$125.00</td>
<td>April 28, 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refundable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total*</td>
<td>$5,220.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Checks should be made payable to “AIFS.” You may also use American Express, MasterCard or Visa. See application form. All students must submit the $450 deposit with the completed application.

Please note: A $35 returned check fee will be charged on all checks returned by the bank for insufficient funds.

*These amounts are based on an enrollment of 10-13 participants. If 14-17 enroll, the total amount due will be $4,720, and if 18 or more enroll, the total amount due will be $4,470. Optional insurance upgrades are extra.

## 2017 PROGRAM DATES

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, June 26</td>
<td>Arrive in Venice and transfer to your accommodations.</td>
</tr>
<tr>
<td>Friday, June 30</td>
<td>Transfer to Florence.</td>
</tr>
<tr>
<td>Sunday, July 9</td>
<td>Transfer to Rome.</td>
</tr>
<tr>
<td>Saturday, July 29</td>
<td>Program ends.</td>
</tr>
</tbody>
</table>
American Institute For Foreign Study
Miami University
Mathematics in Italy – Summer 2017
June 26 – July 29

Instructions:
1. Please type or print in black ink.
2. Provide proper payment information in Section C and, if enclosing a check, make it payable to the “American Institute For Foreign Study.”
3. Be sure you have read the payment schedule and refund policy set forth in this application.
4. Be sure to read and sign the Agreement and Release on the opposite side.
5. If your mailing address includes a P.O. Box or Route Box number, please be sure to give a street address where you can receive shipments/packages.
6. Attach a copy of the information page of your passport, or mail when received.
7. Attach 2 2”x2” head shot photos with your name and program (“MU Math”) on the back of each.

PART A - PERSONAL DATA

Name ___________________________________________ ☐ Male ☐ Female Telephone # (_______) _________________
(first, middle and last names as they appear on your passport)

Home Address ____________________________________________________
(Permanent) Number Street City State ZIP

E-Mail Address ___________________________________________________
Cell phone (____) _____________________

Age _____ Date of Birth _________________________ Citizen of (country) __________________________ (Visas may be required for non-U.S. passport holders)

mm/dd/yy

Passport No. _________________ Date of Issue _______________ Date of Expiration _______________ Authority _______________

Emergency contact while abroad ________________________________ Emergency phone (____) _____________________

Address _______________________________________________________

Emergency E-Mail Address ____________________________________ Relationship __________________________________

PART B – REGISTRATION INFORMATION

The AIFS program fee, excluding airfare, is based on enrollment: 10-13 participants: $5,095; 14-17 participants: $4,595; 18 or more participants: $4,345. The program fees do not include a $125 refundable damage deposit that is due by the final payment deadline. Please select the program options that apply to your enrollment.

Optional Program Components:

Insurance: Do you wish to purchase either of the following options: ☐ Medical Insurance Upgrade – $65 ☐ Personal Effects Coverage – $90

PART C – PAYMENT OPTIONS

Deposit amount due is $450. Your payment must accompany this application. Applications received without payment will not be processed. Return this form and payment to your university’s program coordinator.

Check one:
☐ My check/money order is enclosed payable to “American Institute For Foreign Study” (AIFS), or
☐ Bill my credit card for $450, or  ☐ Bill my credit card for the entire program cost.

Note: AIFS cannot accept ATM/debit/check cards above your daily limit. If you are charging your fees to a credit card, please supply the following information:

Check one: ☐ Visa ☐ MasterCard ☐ American Express

Credit Card # ____________________________________________ Expiration date _______________ Amount to be charged $ _______________________

Signature ____________________________________________ Cardholder’s address________________________________________________________

Phone __________________________________________________Name on card (if different from yours) _______________________________________

PART D – ACADEMIC APPROVAL

Signature of your university’s program coordinator certifying your eligibility to apply:

Name (print) ___________________________ Title ___________________________ Date ___________________________
PART E – HEALTH AND HOUSING INFORMATION

Please complete the following questionnaire carefully. Your housing assignment will be made based on the information that you provide. All requests are taken into consideration.

Name ___________________________ School _______________________________ Term ___________________________

**SHARED ACCOMMODATIONS**

Please note that specific housing preferences cannot be guaranteed.

Do you smoke? □ Yes □ No

Do you object to a roommate who smokes? □ Yes □ No

What time do you get up in the morning? ____________________________
What time do you normally go to bed? ____________________________

Do you consider yourself a quiet person? □ Yes □ No

Where do you prefer to study? □ room □ library □ elsewhere

Are you receiving any special medical treatment? □ Yes □ No

If yes, specify: _____________________________________________________________

Do you have any physical condition that prevents you from climbing stairs? If yes, specify: _____________________________________________________________

Roommate preference (if known) (1)_____________________________________________ (2)_________________________________________________

Do you like to cook your own meals? □ often □ occasionally □ never

Do you have any special reason for requesting a single room? If so, please specify: _____________________________________________________________

What type of music do you prefer? __________________________________

Do you normally listen to music in your room? □ Yes □ No

Are there any hobbies or interests you would like to pursue while overseas? __________________________________

PART F – OPTIONAL DATA

Studying in another country requires considerable adaptability. This is part of both the challenge and the reward. Your willingness to answer these questions will assist the AIFS staff in providing you with an accommodation that is most likely to meet your needs.

Do you have any special dietary needs?* If yes, please describe _____________________________________________________________

Do you consider yourself a conservative, moderate or liberal person? □ Conservative □ Moderate □ Liberal

Do you have any allergies or chronic ailments? □ Yes □ No

If yes, please describe _____________________________________________________________

Are you presently under treatment for any mental or emotional matters? □ Yes □ No

If yes, please describe _____________________________________________________________

Are you presently taking any prescription medication on a regular basis? □ Yes □ No

If yes, please list and state purpose _____________________________________________________________

Studying abroad requires a great deal of physical mobility. Do you feel you are able to perform the essential functions of studying abroad with or without any special requirements?* If you do have special requirements, describe the requirement you would need and how this would enable you to participate.

______________________________________________________________________________

______________________________________________________________________________

* AIFS cannot guarantee to accommodate special requirements and requests.
I, the undersigned, an Applicant for an overseas study program of the American Institute For Foreign Study, Inc. (the “Institute”), acknowledge that I have read and accept the terms and conditions set forth in the AIFS application/brochure, which are incorporated in this agreement. I acknowledge that I am responsible for reading all information provided in the AIFS pre-departure materials, whether sent by mail or posted online, and abiding by all policies contained therein. This agreement is a legally binding contract. I acknowledge and accept the terms of the refund policy as outlined below:

If a participant withdraws in writing

On or before March 31, 2017
All fees paid less $150 plus any non-refundable deposits paid either by the student or by AIFS on the student’s behalf.

After March 31, but on or before April 28, 2017
All fees paid less $450 plus any non-refundable deposits paid either by the student or by AIFS on the student’s behalf.

After April 28, 2017
No refund, and student is responsible for entire program fee.

All requests for refund must be made in writing, signed, and addressed or faxed to: Registrar, Customized, Faculty-Led Programs, AIFS Study Abroad, 1 High Ridge Park, Stamford, CT 06905; fax number (203) 399-5597. Uns signed withdrawal statements will not be processed.

I unconditionally release the Institute from any claims for damage, injury, loss, or expense of any nature resulting from events beyond its control, including without limitation: Acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. This release also applies to any losses arising from the use of any vehicle or from the selection of, or from any act or omission by any host family, bus or car rental agency, steamship, airline, railroad, taxi or tour service/organizer, hotel service, hotel, restaurant, school, university/college, or other firm, agency, company or individual, unless the loss is caused by the gross negligence of the Institute.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries, and that the Institute cannot provide supervision or support during periods of independent travel.

I agree that if I become ill or incapacitated, the Institute or its emergency assistance company may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I release the Institute from any liability relating to this medical care. I also authorize the Institute to take whatever action it deems to be necessary and in my best interest (including transporting me out of the host country or back to the United States, at my own expense) in the event of political unrest or any other unforeseen event or condition. If the Institute incurs on my behalf any costs not covered by its general liability insurance, I agree to make immediate repayment upon my return.*

I will comply with the Institute’s rules, standards and instructions, and understand that failure to do so may result in being sent home at my expense, with no refund. I understand that my participation may be terminated if I am expelled from school or otherwise disciplined by school or civil authorities, or if the Institute, in its sole discretion, determines that my conduct is incompatible with the interests, harmony, comfort or welfare of the other students. I agree to indemnify the Institute if I do anything that causes the Institute to sustain financial loss or liability.

I understand that the Institute provides insurance coverage for my benefit while in the program, including limited health, accident, accidental death, personal effects and program fee refund insurance. I acknowledge that it is my responsibility to understand the limitations of this coverage and agree that the Institute is not responsible for any uninsured losses.

I understand that the Institute reserves the right to make changes, cancellations or substitutions in cases of changed conditions or emergency, or based upon the interest of the group. I understand if I am terminated from the program, there will be no refund of AIFS fees.

I understand that obtaining a passport and any other required travel documents is my sole responsibility, and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that if I am not a U.S. citizen, a visa may be required for entry to the countries I plan to visit (or travel through) while a participant on this program. I further understand that it is my sole responsibility to determine my visa requirements and obtain the appropriate visa(s), and I agree to hold the Institute harmless in the event that I am unable to obtain the necessary documents and visas for participation in the program and to indemnify the Institute for any costs to it that result from my failure to obtain the required documentation.

I understand that from time to time the Institute’s publicity material may include statements by its participants and/or their photographs and/or video images, and I consent to such use of my comments and photographic likeness.

This agreement will be effective when my application is accepted by the Institute and shall be governed by the laws of the State of Connecticut. This agreement cannot be modified except in writing by the Institute.

I agree that any dispute with the Institute that is not settled informally will be submitted to binding arbitration, to be conducted in substantial accordance with the rules of the American Arbitration Association. The location of the arbitration and identity of the arbitrator will be decided by mutual agreement, with the costs to be shared equally between the parties, and the decision of the arbitrator shall be final. By signing this agreement, I understand that I am giving up my right to have any claim against the Institute decided in Court before a judge or jury. By accepting the terms of this agreement, the U.S. Federal Arbitration Act governs the interpretation and enforcement of the agreement. I and AIFS Customized, Faculty-Led Programs, as well as the American Institute For Foreign Study, Inc., are each waiving the right to a trial by jury or to participate in a class action.

References in this agreement to “the Institute” shall include the American Institute For Foreign Study, Inc., and all of its agents, employees, affiliated companies, campus directors, chaperones, group leaders, teachers, host school and school officials.

If I am using financial aid to pay for all or part of my AIFS program fees, and if that aid is canceled or reduced by my institution or lending agency after I have embarked on the AIFS program, I am immediately responsible for full payment of all fees. Failure to make payment will result in my administrative withdrawal from the program.

* A special substitute paragraph is available to members of the Christian Science faith.

Signature of Applicant

Date

Printed Name

I authorize AIFS to release any relevant medical information to my parents/guardian to ensure my health and safety while on my study abroad program. I understand this information will be kept strictly confidential and will be shared only on an as-needed basis to assist in my medical care and recovery. I further understand that I may withdraw this authorization in writing and deliver the withdrawal to AIFS in order for it to be effective.

Signature of Applicant

Date