

Edgewood College, Madison, Wisconsin, USA
Scuola Leonardo Da Vinci, Rome, Italy

Application to receive credit from Edgewood College

Student Name _____

Date of Birth: _____ Social Security # _____

Permanent Address

Telephone/Email/Fax _____

High School attended & graduation date: _____

I verify that the above information is true and correct. I understand that failure to provide accurate information will result in loss of credit and forfeit of fees.

Signature of student _____ Date _____

Course: (check one)

_____ Italian 101 Grade: _____ Dates _____ Fee _____

_____ Italian 102 Grade: _____ Dates _____ Fee _____

TOTAL * _____

I verify that the above named student participated in the course(s) indicated and received the grade(s) listed above.

Name of Instructor _____

Signature of Instructor _____ Date _____

Director of Studies: Prof. Carmela Di Oronzo _____

Director, Scuola Leonardo da Vinci: Dr. Pier Alberto Merli _____

Date _____

*Note: payment must accompany application form.

School seal/ stamp: