PROFESSIONAL APPLICATION

Admissions decisions will be made primarily on the basis of your statement and background. Applicants will be notified as soon as their completed application has been reviewed. PLEASE PRINT OR TYPE.

PERSONAL INFORMATION:

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Summer2006 Italy Preservation Field School

Full name:			SSN:	
Address:				
	Street	Apt. #	City	State Zip
Phone:	Message phone #:		E-mail:	
1.0	EST: atement which explains your interest in chool program; and a one page vitae in	-	at you expect to contribut	te and what you hope to
ACADEMIC INFORMAT	ION: es attended since high school, beginning w	ith current or most r	recent.	

Name of Institution	City and State	Dates Attended	Degree and Year

PROFESSIONAL EXPERIENCE OTHER TRANING

List other training opportunities in which you have participated

DO YOU WISH TO RECEIVE ACADEMIC CREDIT FOR THIS FIELD SCHOOL?		Yes
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No

	SEND APPLICATION MATERIALS TO:
I certify that the information provided in this application packet is true and that this application has been completed without misrepresentation. If it is found to be otherwise, I understand it is cause for rejection or dismissal.	Michael Cockram Historic Preservation Program School of Architecture & Allied Arts 5233 University of Oregon Eugene, OR 97403-5233 541-346-0512 541-346-3626 (fax) cockram@uoregon.edu
Signature	Applications are due by February 15, 2006.
Date	A \$50.00 non-refundable deposit towards the (approxi- mate) \$2000.00 professional tuition is required with application. Please make checks payable to the University of Oregon.