

**ASSOCIATION OF AMERICAN COLLEGE  
AND UNIVERSITY PROGRAMS IN ITALY**

**APPLICATION FOR MEMBERSHIP IN AACUPI**

Name and address of institution in the U.S. or Canada requesting membership:

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Name of accrediting association in the U.S. or Canada (circle one)

- 1) Middle States Association of Colleges and Secondary Schools;
- 2) New England Association of Schools and Colleges;
- 3) North Central Association of Colleges and Secondary Schools;
- 4) Northwest Association of Secondary and Higher Schools;
- 5) Southern Association of Colleges and Schools Commission on Colleges;
- 6) Western Association of Schools and Colleges;
- 7) Association of Universities and Colleges of Canada.

Name and address of study center in Italy: \_\_\_\_\_

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Date of recognition of study center as a non-profit entity in Italy by the Italian "Ministero dell'Università e della Ricerca Scientifica e Tecnologica": \_\_\_\_\_

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Name of person designated to direct the study center in Italy: \_\_\_\_\_

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Name of person designated as legal representative in Italy: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of person designated to represent the institution to AACUPI: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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I hereby state that \_\_\_\_\_

(name of institution)

is a private / public institution which operates on a non-profit basis in \_\_\_\_\_

\_\_\_\_\_ and that all courses offered in Italy by  
(country / state)

\_\_\_\_\_  
(name of study center in Italy)

are fully accredited by the home institution.

I agree to notify AACUPI of any changes in persons designated as director, legal representative and/or representative to AACUPI.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

(To applicants: Please note that the above statement needs to be signed by the Dean / Vice President in charge of academic affairs at the home institution.)

Please mail to the address below: