Sarah Lawrence College in



Application Instructions

The Sarah Lawrence College in Catania program is highly selective and the number of students is limited. **The deadline for application is October 15 for spring applicants.** Early notification of acceptance is available; students who need early notification should notify the College at the address below.

Your application has five parts:

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Part I	Basic Application Form
Part II	Faculty Language Recommendation Form (All studies are conducted in Italian)
Parts IIIA and IIIB	Two Academic Letters of Recommendation from faculty members of your choice (and not from the same person who is to fill out the Language Recommendation)
Part IV	Study Abroad Approval Form
Part V	Official College Transcript (Applicants should arrange to have an official transcript sent to the address below)

All applications must be accompanied by a non-refundable fee of \$40.00.

Please mail your application by October 15 (spring applicants) to:

International Programs Office, Sarah Lawrence College, 1 Mead Way, Bronxville, New York 10708-5999 TEL: (800) 873-4752 FAX: (914) 395-2666 www.sarahlawrence.edu e-mail: slcaway@slc.edu

SARAH LAWRENCE COLLEGE INTERNATIONAL PROGRAMS

Sarah Lawrence College in

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Т				
For office use only				

Application for Admission

			🖵 Male 🖵 Female
Last name	First	Middle	
Date of birth	SSN#	City, State, Country of birth	
Country of citizenship			
I hereby apply for enrollment as a	student in Catania for t	ne Spring of 20	
I am currently enrolled at Colleg	e/University		
PERSONAL DATA			
Present mailing address:	Ple	ase if check this is 🖵 a camp	us 🛯 an off-campus address
Street	City	State	Zip Code
Present telephone		E-mail	
*Home mailing address:			
Street	City	State	Zip Code
Present telephone		E-mail	
*IMPORTANT: After December	1, all mail is sent to hor	ne address unless otherwise indic	cated below:
Street	City	State	Zip Code
		(Over)	

HOME SCHOOL CONTACT INFORMATION

Home school Study Abroad advisor				
Campus street address		City	State	Zip
Telephone		E-mail		
Send bills to: (Check with St	tudy Abroad advisor)			
Name		Office		
Street		City	State	Zip Code
Send transcripts to: (Check	with Study Abroad advisor)			
Name		Office		
Street		City	State	Zip Code
In case of emergency, cont	act:			
Name		Relationship		
Street		City	State	Zip Code
Home Telephone	Work Telephone	E-mail		
How did you hear of this progra	am?			

1. I have studied Italian for	years:	in high school and	in college.
2. Please list below all Italian courses take	n in college, includir	ng current classes:	

Title	School	Year

PERSONAL STATEMENT

Please attach a typed statement addressing the following questions:

• What <u>academic</u> reasons drew you to this program and which three areas of study do you plan to concentrate in at the University of Catania and why?

- Does your home institution require you to complete any specific courses while on our program in Catania?
- How will your studies abroad build upon and enhance your studies at your home institution?

• Finally, discuss you personal reasons for choosing Catania as your destination and how you anticipate adjusting to living with an Italian family.

Sarah Lawrence College in



Language Recommendation

TO THE APPLICANT: Please complete the section below **before** giving it to the faculty member. Choose whether or not to waive your right of access to this letter and have him/her MAIL THE COMPLETED FORM TO US IN A SEALED ENVELOPE.

Last name	First name	Initial
Telephone	E-mail	
Term of Application: Spring 20		
I do not waive my right of access to this recomm	nendation 🛛 I do waive my right of acce	ess to this recommendation
Signature		Date
TO THE FACULTY MEMBER: The above-name ask each applicant to furnish us with letters of reco We are particularly interested in knowing academic aspects of the program and can function	ommendation from faculty members with w whether or not the applicant is capable of	whom they are well acquainted.
Name of faculty member (please print)	Title	
Telephone E-mail		
What course(s) have you taught this applicant?		
Name and address of school:		
Signature	(Over)	Date
International Programs Office, Sarah Lo	awrence College, 1 Mead Way, Bronxville, 1	New York 10708-5999

TEL: (800) 873-4752 FAX: (914) 395-2666 www.sarahlawrence.edu E-mail: slcaway@sarahlawrence.edu

Please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
Ability to express self in writing					
Ability to express self verbally					
Ability to work with a group of peers					
Common sense and good judgment					

I 🖵 would 🗖 would **not** enjoy having this student as a member of a group for which I was responsible.

Please explain:

The candidate will be required to follow lectures at the University of Catania and to comprehend and discuss orally or in writing matters of content, style, and interpretation for Italian instructors of seminars. As students live with families in Catania, the success of the candidate in this program depends not only on a facility for thinking, writing, and speaking in the Italian language, but also on a certain level of maturity. Please give us your comments on the abilities of this candidate in these areas, as well as the results of any significant examinations in Italian.

APPLICATION DEADLINE: October 15

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Sarah Lawrence College in



Letter of Recommendation

TO THE APPLICANT: Please complete the section below **before** giving it to the faculty member. Choose whether or not to waive your right of access to this letter and have him/her MAIL THE COMPLETED FORM TO US IN A SEALED ENVELOPE.

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Telephone	E-mail	
Term of Application: Spring 20		
\Box I do not waive my right of access to this recomm	mendation 🛛 I do waive my right of ac	ccess to this recommendation
Signature		Date
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Name of faculty member (please print)	Title	
Telephone E-mail		
What course(s) have you taught this applicant?		
Name and address of school:		

Date

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Ability to express self verbally					
Ability to work with a group of peers					
Common sense and good judgment					

I 🖵 would not enjoy having this student as a member of a group for which I was responsible.

Please explain:

Please provide us with your candid observations on the academic preparations and personal qualities that the student will bring to a Study Abroad program.

APPLICATION DEADLINE: October 15

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Sarah Lawrence College in



Letter of Recommendation

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Telephone	E-mail	
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Signature		Date
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Telephone E-mail		
What course(s) have you taught this applicant?		
Name and address of school:		
Signature		Date

(Over)

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Please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
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Ability to express self verbally					
Ability to work with a group of peers					
Common sense and good judgment					

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Please return this form to:

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SARAH LAWRENCE COLLEGE INTERNATIONAL PROGRAMS

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Study Abroad Approval Form

TO THE APPLICANT: Please complete the section below before giving it to the study abroad advisor or appropriate person at your home school who approves study abroad.

Last name	First	st name	Initial
Telephone	E-mail		

Term of Application: Spring 20_____

TO THE COLLEGE OFFICIAL: The above-named student is applying to the Sarah Lawrence College in Catania program. We are interested in knowing whether or not the applicant is capable of taking full advantage of the academic aspects of the program and can function in a generally responsible way abroad.

Name (Please print)		Title	
Name and address of school			
<u></u>			
Signature			
Telephone	E-mail		
Telephone	L-IIGI		
To your knowledge, has this st	udent been subject to any discip	linary action while at yo	our institution? 🗖 Yes 📮 No
If yes, please explain			
Is this student in good academi	c standing? 🖵 Yes 📮 No		
If no, please explain			
Do you recommend this studer	at? □ Yes □ Yes with reserva	tions 🖵 No	
If yes with reservations or no, please exp	lain		

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