

Sarah Lawrence College in



Application Instructions

The Sarah Lawrence College in Lima, a spring semester program, is highly selective and the number of students is limited. The deadline for the application is **November 1**. Early notification of acceptance is available; students who need early notification should notify the College at the address below.

Your application has five parts:

Part I Basic Application Form and a \$40 non-refundable application fee

Part II Faculty Language Recommendation Form

(All studies are conducted in Spanish)

Parts IIIA/IIIB Two Academic Letters of Recommendation from faculty members of your choice

(not from the same person who completes 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.)

Please mail your application by **November 1** to:

Prema Samuel Assistant Dean

International & Exchange Programs

Sarah Lawrence College

1 Mead Way

Bronxville, New York 10708-5999

(800) 873-4752



Sarah Lawrence College in



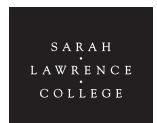
Application for Admission

Please type, print, or write	e legibly .				☐ Male	e 🖵 Female
Name:				/	/	
Last		First	Middle	Date of B	irth	
Social Security Number	City, State, Co	ountry of birth		Country	of citizensl	nip
I hereby apply for enrollm	ent as a student in	Sarah Lawrence	e College in Lima	for Spring 20	J	
Personal Data						
Present mailing address: Plea	se check if this is 🗖	a campus address	□ an off-campus add	lress		
	Street		City		State	Zip Code
()						
Present telephone		E-mail				
*Home mailing address:						
	Street		City		State	Zip Code
()						
() Telephone		E-mail				
*IMPORTANT: After December 1, all mail	l is sent to permanent	address unless oth	erwise indicated belo	ow:		
Street		City		State	Zip Code	
Home School Contact	Information					
I am currently enrolled at:						
	College/Univers	iity				
Home school Study Abroad a	dvisor:					
Campus address:						
	Street		City		State	Zip Code
()						
Telephone		E-mail				
		(over)				

Home School Contact Information continued

Send bills to:					
(check with study abroad	advisor)				
	N	lame	Office		
Str	eet	City		State	Zip Code
6 l					
Send transcripts to:	and the and				
(check with study abroad		lame	Office		
	1	dine	Office		
Str	eet	City		State	Zip Code
In case of emer	aency, conta	ct:			
in case or enior	gency, coma	C11			
No	me		Office		
Stro	not	City	,	State	Zip Code
311	sei	City		Sidie	Zip Code
()		()			
Home Telephone	`	Work Telephone	E-mail		
Other Informat	ion				
1 I have studied S	panish for	Moore, Mo	ears in high school and	Voore i	n collogo
1. I Have studied of	Jaillisti 101	ycars yc	ais ili iligii school ahu	ycars i	ii conege.
2 Please list below	all Spanish cou	rses taken in collec	ge, including current cl	20000	
				183563.	
Tit	le		School		Year

responsible representative of my coll during the academic year any stude	e group regulations and all the Sarah Lawrence College requirer ege and my country. I understand that Sarah Lawrence College in the who does not meet the requirements of academic standards are vireason is responsible for payment of tuition for the full semester	reserves the right to drop at any time and general behavior and that any student
Country of Citizenship	Passport Number	Expiration Date
Date of Birth	Country of Birth	
Full Name (as listed in your passport)		
passport for a minimum of six satisfies this requirement.	equired in order to obtain a visa once you are in Lima months beyond your stay in Lima. Please check the e	
 What led you to apply How you anticipate ac 	2 0	
academic and personal.How this program fits	se attach to your application). The Lima progra n your essay, please discuss the following: with your academic interests	m presents challenges both
•	you intend to work during your semester in Lim f any, by your home insitution during your seme	-
	three elective courses at La Pontificia Universid	, ,



Student Name:

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	First	Middle
()		
Telephone	E-mail	
Term of Application: Spring 20		
☐ I do <i>not</i> waive my right of access	to this recommendation	
☐ I do waive my right of access to the		
		Date
To the faculty: The above-named stue each applicant to furnish us with letter acquainted.	11, 0	• •
We are particularly interested in known	owing whether or not the applicar	nt is capable of taking full advantage of
the academic aspects of the program		
Faculty Name:		
Last	First	Middle Title
() Telephone	E-mail	
тегерпопе	L-mail	
What course(s) have you taught thi	s applicant:	
School Information:		
	ime of School	
Street	City	State Zip Code
Signature		Date

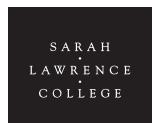
Please rate the applicant on the following characteristics:

	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		٥			
I □ would □ would not en	joy having this	s student as a m	ember of a group fo	or which I was r	esponsible.
Please explain:					
The candidate will be required to comprehend and discuss orally and the comprehend and discuss orally a facility for thinking, writing, cour comments on the abiliting in Spanish.	or writing matte ost families in Li und speaking the	ers of content, sty ima, the success o e Spanish langua	le, and interpretation of the candidate in thi ge, but also on a cert	for Peruvian inst s program depen ain level of matu	tructors of seminars. Ids not only on rity. Please give
Application Deadine:		PI	ease return this	form to:	
November 1			ema Samuel		
			ternational & Excl trah Lawrence Coll		

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

1 Mead Way, Bronxville, New York 10708-5999

(800) 873-4752



Name:

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.

Last	First	Middle
()		
Telephone	E-mail	
Tf A 1: +: 20		
Term of Application: Spring 20		
☐ I do not waive my right of access	s to this recommendation	
☐ I do waive my right of access to		
, .		
Student Signature		Date
-	student is applying to the Sarah La	
We ask each applicant to furnish u	s with letters of recommendation fro	om faculty members with whom they
are well acquainted.		
We are particularly interested in kr	powing whether or not the applicant	is capable of taking full advantage of
	m and can function in a generally re	
the academic aspects of the program	in and can function in a generally re	esponsible way abroad.
Faculty Name:		
Last	First	Middle Title
()		
Telephone	E-mail	
W/I . () 1 1 1	10	
What course(s) have you taught th	is applicant:	
School Information:	lame of School	
Street	City	State Zip Code
	• ,	
Signature		Date
-	(over)	
	(/	

Please rate the applicant on the following characteristics: **Excellent** Good Average Unknown **Poor** 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 **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 Deadine: November 1

Please return this form to:

Prema Samuel International & Exchange Programs Sarah Lawrence College 1 Mead Way, Bronxville, New York 10708-5999 (800) 873-4752



Name:

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.

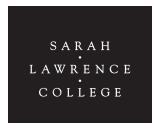
Last	First	Middle
()		
Telephone	E-mail	
Term of Application: Spring 20 _		
☐ I do not waive my right of access	to this recommendation	
☐ I do waive my right of access to t		
Student Signature		Date
To the faculty: The above-named	student is applying to the Sarah La	wrence College in Lima program.
-		om faculty members with whom they
We are particularly interested in kn the academic aspects of the program	9	t is capable of taking full advantage of esponsible way abroad.
Faculty Name:		
Last	First	Middle Title
()		
Telephone	E-mail	
What course(s) have you taught this	is applicant:	
School Information:		
	ame of School	
Street	City	State Zip Code
Signature		Date
	(over)	

Please rate the applicant on the following characteristics: **Excellent** Good Average Unknown Poor 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 **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 Deadine: November 1

Please return this form to:

Prema Samuel International & Exchange Programs Sarah Lawrence College 1 Mead Way Bronxville, New York 10708-5999 (800) 873-4752



Sarah Lawrence College in



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.

Name:			
Last	First	Middle	
)			
elephone	E-mail		
Term of Application: Spr	ring 20		
To the college official: ${ m Tl}$	he above-named student is applyi	ing to the Sarah Lawrence Col	lege in Lima
=	in knowing whether or not the	=	_
=	program and can function in a	= = = = = = = = = = = = = = = = = = = =	_
are academic aspects of the	program and can ranction in a	generally responsible way abroa	
School Information:	Name	Office	
Street	City	State	Zip Code
1	,		ļ
elephone	E-mail		
ignature		Date	
	s student been subject to any disc	ciplinary action while at your is	nstitution?
\square Yes \square No If yes, pleas	se explain:		
ls this student in good acad	lemic standing? \(\sigma\) Yes \(\sigma\) No	If no, please explain:	
1.1.	1 2 DV DV 1		
•	ident?	rvations 🗆 No	
f yes, with reservations; or	no, please explain:		