



Application Instructions

The London Theatre Program is selective and the number of students is strictly limited. College and university juniors and seniors in good academic standing are eligible to participate. The deadlines for application are October 1 for spring applicants and March 1 for the full-year program or fall applicants. Students who need an early acceptance date should notify Sarah Lawrence College at the address below, giving the reason(s) why an exception is requested. Applications will not be processed until complete.

Your application has five parts:

Part I

Basic application form

Parts IIA and IIB

Two letters of recommendation from faculty members of your choice or colleagues (not students) familiar with your work relating to your theatrical experience

Part III

Study Abroad Approval Form

Part IV

Auditions: Students can either audition in person or submit a DVD or YouTube audition.

Please contact the International Programs Office for audition dates on the Bronxville, NY campus. Video auditions are due October 1 (spring applicants) or March 1 (academic-year/fall applicants).

Part V

Official college transcript

(Applicants should arrange to have an official transcript sent directly to the address below.)

Students wishing to be considered for a scholarship need to attach a letter in support of their request.

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

Please mail your written application by October 1 (spring applicants) or by March 1 (academic-year program or fall applicants) to:

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





Application for Admission

Please type, print, or write legibly.			
Name		Date of birth_	M F
Last	First	Middle	
SSN#	City, State	, Country of birth	
Country of citizenship			
I hereby apply to enroll as a	student in The La	ondon Theatre program for the	of 20
I am currently enrolled at		Acade	mic year, Fall, Spring
1 am currently emoned at		College/University	
PERSONAL DATA			
Present mailing address		Please check if this is \Box a can	npus 🛘 an off-campus address
Street			
City	7	State	Zip Code
Telephone		E-mail	
Area Code	2	E-mail	
*Home mailing address			
Trome maning address		Street	
City	7	State	Zip Code
Telephone number		F-mail	
Area Code		E-mail	
*IMPORTANT: After May 15	5 (December 1 for s	pring applicants), all mail is sent to home add	dress unless otherwise indicated below:
City	7	State (Over)	Zip Code

HOME SCHOOL CONTACT INFORMATION

Home school Study Abroad advisor			
Campus address	C		
	Street		
City	State		Zip Code
TelephoneArea Code		E-mail	
Area Code			
Send bills to: (Check with Study Abroad advisor)	Name		Office
	- tunie		o mee
Street	City	State	Zip Code
Send transcripts to: (Check with Study Abroad advisor)			
	Name		Office
Street	City	State	Zip Code
In case of emergency, contact:			
Name	Relationship		
Address_			
	Street		
City	State		Zip Code
Home TelephoneArea Code	Work Tele	phone Area Code	
		Area Code	
E-mail			
How did you hear of this program?			
DED CONTAIN OF A STREET ON A STREET OF THE S			
PERSONAL STATEMENT (Please attach to your ap	,		
1) In order to evaluate your application, we need experience, your plans for the future. Please writ as an actor? What led to your decision to apply to theatrical and non-theatrical) you have done up to	e an essay telling us a o The London Theat	about yourself. How re Program? How o	would you evaluate yourself loes it fit with the work (both
I agree, if admitted, to conform to the group regular Academy requirements and to conduct myself as a that Sarah Lawrence College and the British Amerimeet the requirements of work and general behavioresponsible for payment of tuition.	responsible represent ican Drama Academy	rative of my college a reserve the right to c	and my country. I understand lrop any student who does not
Signature			Date





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.

Name	
Telephone	E-mail
Area Code	
Term of Application Fall 20 Spring 20	Academic year 2020
I do <i>not</i> waive my right of access to this recomm	nendation
Signature	Date
College and the British American Drama Academy. V	r or not the applicant is capable of taking full advantage of the
Name of faculty	
Please print	Title
What course(s) have you taught this student	
Name and address of school	
Office TelephoneArea Code	E-mail
Signature	Date

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

APPLICATION DEADLINES:

October 1 (spring applicants) or March 1 (academic-year or fall applicants)

Please return this form to:

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





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.

Name	
Telephone	E-mail
Area Code	
Term of Application Fall 20 Spri	; 20 Academic year 2020
☐ I do <i>not</i> waive my right of access to the	recommendation
Signature	Date
College and the British American Drama faculty members with whom they are wel We are particularly interested in known	nt is applying to The London Theatre Program, sponsored by Sarah Lawrence addemy. We ask all applicants to furnish us with letters of recommendation from equainted. It is supplied to the applicant is capable of taking full advantage of the anction in a generally responsible way abroad.
Name of faculty	
Please print	Title
What course(s) have you taught this stud	t
Office TelephoneArea Code	E-mail
Signature	Date

Please rate the applicant on the following characteristics: Excellent Good Poor Unknown Average 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: ___

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

APPLICATION DEADLINES:

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Please return this form to:

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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. First _____ E-mail _____ Telephone ___ Area Code Term of Application Fall 20_____ Spring 20____ Academic Year 20_____ TO THE COLLEGE OFFICIAL: The above-named student is applying to The London Theatre Program, sponsored by Sarah Lawrence College and the British American Drama Academy. 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 Signature ______ Date _____ _____ E-mail _____ Telephone ____ To your knowledge, has this student been subject to any disciplinary action while at your institution? ☐ Yes ☐ No If yes, please explain____ Is this student in good academic standing? Yes ☐ No If no, please explain____ Do you recommend this student? Yes with reservations ☐ No If yes with reservations or no, please explain_____





Auditions

All students applying to The London Theatre program are asked to audition in person on the Bronxville campus or submit a DVD or YouTube audition as a required part of their application. Please contact the International Programs office at 1-800-873-4752 for audition dates on the Bronxville campus. DVDs need not be professionally done, and should run no longer than 10 minutes. The following must be part of your audition:

- 1. Some words about yourself—who you are, how old you are, what school you attend, when you began studying acting, if you have ever been in London, what you know about The London Theatre Program, why you are applying to the program, and how you heard about the program.
- 2. A brief monologue from Shakespeare. (approximately 2 minutes)
- 3. A brief monologue from the modern repertory. (approximately 2 minutes)
- 4. A song. This should not be a major production number; just have fun with it.

Students applying for the full year or fall semester must submit their audition tapes no later than **March 1.** The deadline for spring applicants is **October 1**.

Please send your DVD to:
International & Exchange Programs
Sarah Lawrence College
1 Mead Way
Bronxville, New York 10708-5999
(800) 873-4752

If you wish to have your DVD returned to you, you must also enclose a self-addressed, padded DVD mailer with adequate postage.