



Application Instructions

The Sarah Lawrence College in Paris program is highly selective and the number of students is limited. **The deadlines for application are October 15 for spring applicants and February 15 for the academic year program or fall 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:

Part I Basic Application Form

Part II Faculty Language Recommendation Form

(All studies are conducted in French)

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)

Students wishing to be considered for a scholarship from the Marguerite Baratin Fund 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 application by October 15 (spring applicants) or by February 15 (academic year program or fall applicants) to:

International & Exchange Programs

Sarah Lawrence College

1 Mead Way

Bronxville, New York 10708-5999

(800) 873-4752





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For office use only

Application for Admission

			☐ Male ☐ Fen	nale
Last name	First	Middle		
Date of birth	SSN#	City, State, Country of birth		
Country of citizenship				
I hereby apply for enrollment as a st	udent in Paris for	the of 20	_	
		Academic year, Fall, Spring		
I am currently enrolled at				
College/U	Iniversity			
PERSONAL DATA				
Present mailing address:		Please if check this is a campus	□ an off-campus addre	ess
Street	City	State	Zip Code	
Present telephone		E-mail		
*Home mailing address:				
Street	City	State	Zip Code	
Present telephone		E-mail		
	ember 1 for sprin	ng applicants), all mail is sent to home add	lress	
unless otherwise indicated below:				
Street	City	State	Zip Code	
HOME SCHOOL CONTACT INF	ORMATION			
Home school Study Abroad advisor				
Campus street address		City	State Zip	
Telephone		E-mail		
		(Over)		

Send bills to: (Check with Study A	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, contact:				
Name		Relationship		
Street		City	State	Zip Code
Home Telephone	Work Telephone	E-mail		
How did you hear of this program?				
1. I have studied French for	years:	in high school and	in college.	
2. Please list below all French cours	es taken in college, includ	ding current classes:		
Title		School	Year	

PERSONAL STATEMENT

Please attach a typed statement addressing the following questions:

- What <u>academic</u> reasons drew you to the Paris program and which of the courses we offer are of most interest to you and why?
- Does your home institution require you to complete any specific courses while in Paris?
- How will your studies abroad build upon and enhance your studies at your home institution?
- Finally, discuss your personal reasons for choosing Paris as your destination.

Mother's Name: First Maiden Last Date of Brith Place of Birth Occupation Father's Name: First Last Date of Brith Place of Birth Occupation Please list names and ages of your brothers and sisters: I agree, if admitted, to conform to the regulations and all the Sarah Lawrence College requirements and to conduct myself as a responsible representative of my college and my country. I understand that Sarah Lawrence College reserves the right to drop at any time during the academic year any student who does not meet the requirements of academic standards and general behavior and that any student who is dropped or withdraws for any reason is responsible for payment of tuition for the full year (or semester).

Information needed for the French "Carte de Séjour" and for the university registrar:

Date

Signature





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 Fall 20 Spring 20_	Academic year 2020	
☐ I do not waive my right of access to this recom	nmendation 🔲 I do waive my right of acco	ess to this recommendation
Signature		Date
TO THE FACULTY MEMBER: The above-name each applicant to furnish us with letters of recom. We are particularly interested in knowing academic aspects of the program and can function	mendation from faculty members with who ag whether or not the applicant is capable o	m 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

Ability to express self in writing Ability to express self verbally Ability to work with a group of peers Common sense and good judgment	Excellent	Good	Average	Poor □ □ □	Unknown	
I 🖵 would 🗖 would not enjoy having this stud	ent as a member	of a group fo	or which I was 1	esponsible		
Please explain:						
The candidate will be required to follow lectures at a Fi and interpretation for French instructors of seminars. As only on a facility for thinking, writing, and speaking in the abilities of this candidate in these areas, as well as	students live on thei the French language	r own in Paris e, but also on	s, the success of th a certain level of	e candidate maturity. Ple	in this program dep	oends no

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Please rate the applicant on the following characteristics:

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

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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:		
Signature		 Date

Please rate the applicant on the following chara	cteristics:					
Ability to express self in writing Ability to express self verbally Ability to work with a group of peers Common sense and good judgment	Excellent	Good	Average U U U U	Poor □ □ □	Unknown	
I • would • would not enjoy having this stude	ent as a member	of a group fo	or which I was r	esponsible		
Please explain:						
Please provide us with your candid observations to a Study Abroad program.	on the academic	c preparation	ns and personal	qualities t	hat the student will	bring

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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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Name of faculty member (please print)	Title	
Telephone	E-mail	_
What course(s) have you taught this applicant?		
Name and address of school:		
Signature		Date

Please rate the applicant on the following char-	acteristics:					
Ability to express self in writing	Excellent	Good	Average	Poor	Unknown	
Ability to express self in writing Ability to express self writing	ā			ō	<u> </u>	
Ability to work with a group of peers	ā	_	ā	_	<u> </u>	
Common sense and good judgment					ū	
I 🗖 would 🗖 would not enjoy having this stud	lent as a member	of a group fo	or which I was i	responsible		
Please explain:						
Please provide us with your candid observation	s on the academic	c preparation	ns and personal	qualities t	hat the student v	vill bring
to a Study Abroad program.						

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SARAH LAWRENCE COLLEGE INTERNATIONAL PROGRAMS

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.

Last name		First name	Initial
Telephone	E-mail		
Term of Application Fall 2	0 Spring 20	Academic Year 20	
TO THE COLLEGE OFFICIA	AL: The above-named studen	nt is applying to the Sarah Lawrenc	e College in Paris program. We are
interested in knowing wheth can function in a generally r	• • • • • •	pable of taking full advantage of the	academic aspects of the program and
Name (Please print)		Title	
Name and address of school			
Signature			
Telephone	E-mail		
To your knowledge, has this	student been subject to any	disciplinary action while at your ins	stitution? 🗖 Yes 📮 No
If yes, please explain			
Is this student in good acade	mic standing? 🗖 Yes 📮 N	No	
If no, please explain			
Do you recommend this stuc	lent? 🗖 Yes 📮 Yes with r	eservations 🗖 No	
If yes with reservations or no, ple	ease explain		