

	<p style="text-align: center;"><i>Skidmore College</i> and <i>The British American Dramatic Academy</i></p> <p>Lary Opitz, Department of Theatre, Skidmore College Saratoga Springs, NY 12866-1632 Phone: (518) 587-2166 or 580-5720 Fax: (518) 581-8385 Email: lopitz@skidmore.edu Website: <a href="http://www.skidmore.edu/academics/theater/shakespeare">http:// www.skidmore.edu/academics.theater.shakespeare</a></p>
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## APPLICATION INSTRUCTIONS

The Shakespeare Program is highly selective. The number of students is limited to college and university juniors and seniors in good academic standing who meet the academic criteria of an overall 3.00 GPA with a 3.2 GPA in the major. The application deadline is March 15. Students who need an early acceptance date should notify Skidmore College at the address below, giving the reason(s) why an exception is requested. If you need additional program information or assistance with the application, please contact Professor Lary Opitz at the address or phone number below.

**YOUR COMPLETED APPLICATION MUST INCLUDE ALL OF THE FOLLOWING ITEMS:**

1. The *Basic Application Form*.
2. Two (2) *Letters of Recommendation* from faculty members of your choice. If you are a theatre major you may opt to substitute one letter from a theatre professional familiar with your work.
3. An *Official College Transcript*. (Applicants should arrange to have an official transcript sent directly to the address below).
4. The *Shakespeare Programme Selection of Courses Form*.
5. The *Skidmore College Study Abroad Program General Agreement and Release Form*.
6. The *Skidmore College Shakespeare Programme General Academic Tracking Form*.
7. A typewritten *Personal Statement* (approximately one page in length).
8. An *Application Fee* - a check for the non-refundable \$50.00 application fee made payable to *The Shakespeare Programme - Skidmore College*
9. Theatre students must also provide a one-page *résumé* of theatre activities to date.

**YOUR APPLICATION MUST BE RECEIVED NO LATER THAN 15 MARCH  
(MARCH 1 DEADLINE FOR SKIDMORE STUDENTS)**

<p style="text-align: center;"><b><i>The Shakespeare Programme</i></b> Professor Lawrence Opitz, director Department of Theatre Skidmore College Saratoga Springs, NY 12866-1632 email address: lopitz@skidmore.edu TELEPHONES: (518) 580-5432; 587-2166 FAX: (518) 580-5444</p>
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NAME: \_\_\_\_\_ PRESENT SCHOOL: \_\_\_\_\_

STREET CITY STATE ZIP CODE

TELEPHONE OF SCHOOL: \_\_\_\_\_  
AREA CODE

CURRENT MAJOR: \_\_\_\_\_ MINOR (if any): \_\_\_\_\_

CURRENT COLLEGE YEAR (circle): Sophomore Junior

OVERALL GPA: \_\_\_\_\_ GPA in MAJOR: \_\_\_\_\_ MOST RECENT GPA: \_\_\_\_\_

COURSES CURRENTLY BEING TAKEN	

**IN CASE OF EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_  
AREA CODE NUMBER AREA CODE NUMBER

**PERSON RESPONSIBLE FOR COLLEGE BILLS:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET

CITY STATE ZIP CODE

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_  
AREA CODE NUMBER AREA CODE NUMBER

ARE YOU CURRENTLY RECEIVING FINANCIAL AID?: \_\_\_\_\_  
If so, what type? \_\_\_\_\_

HOW DID YOU HEAR OF THIS PROGRAM: (check one or more)  
\_\_\_ Academic Advisor or Faculty Member \_\_\_ Study Abroad Advisor \_\_\_ Study Abroad Guide  
\_\_\_ School Newspaper \_\_\_ Former Program Participant: Name (Optional): \_\_\_\_\_  
Other (please Describe): \_\_\_\_\_

**PERSONAL STATEMENT**

In order to evaluate your application, we need to know more about you -- your interests, your plans for the future, whether you have ever traveled or studied abroad before, any other experiences you have had that you consider relevant, and why you wish to enroll in the program. Please write an essay telling us about yourself. Please feel free to include any information or ideas you think we should know about. If you wish, you may attach a separate page.

I HEREBY WAIVE MY RIGHT OF ACCESS TO MY COMPLETED APPLICATION AND AUTHORIZE THE SHAKESPEARE PROGRAMME TO REPRODUCE THESE MATERIALS. I CERTIFY THAT THE STATEMENTS I HAVE MADE ARE CORRECT. I AUTHORIZE SKIDMORE COLLEGE TO FORWARD AN OFFICIAL TRANSCRIPT TO THE APPROPRIATE OFFICIAL AT MY HOME INSTITUTION.

I AGREE, IF ADMITTED, TO CONFORM TO THE GROUP REGULATIONS AND ALL THE SKIDMORE COLLEGE AND BRITISH AMERICAN DRAMA ACADEMY REQUIREMENTS AND TO CONDUCT MYSELF AS A RESPONSIBLE REPRESENTATIVE OF MY COLLEGE AND MY COUNTRY. I UNDERSTAND THAT SKIDMORE COLLEGE AND THE BRITISH AMERICAN DRAMA ACADEMY RESERVE THE RIGHT TO DROP ANY STUDENT WHO DOES NOT MEET THE REQUIREMENTS OF WORK AND GENERAL BEHAVIOR, AND THAT ANY STUDENT WHO IS DROPPED OR WITHDRAWS FOR ANY REASON IS RESPONSIBLE FOR PAYMENT OF TUITION.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

# SELECTION OF COURSES

NAME: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING COURSE REGISTRATION:**  
(The minimal load is 12 semester hours. The maximum is 18 semester hours)  
Note: The exact electives available will be subject to change based upon enrollment

## **SECTION I: COURSES TO BE TAKEN BY ALL STUDENTS:**

ENGLISH 346	SHAKESPEARE: THE TRAGEDIES	3 Semester Hours	
THEATRE 334	SPECIAL STUDIES: DRAMATIC CRITICISM	3 Semester Hours	
<b>SELECT EITHER</b>			
THEATRE 234	THEATRE & CULTURE: Modern Theatre history	3 Semester Hours	___
<b>OR</b>			
ENGLISH 345	SHAKESPEARE: Comedies & Histories	3 Semester Hours	___
SUB-TOTAL =		9 Semester Hours	

## **SECTION II**

**CHOOSE TWO OR THREE COURSES FROM THE FOLLOWING OPTIONS BY PLACING THE NUMBER 1 IN THE APPROPRIATE BLANKS TO INDICATE YOUR FIRST CHOICE(S). PLEASE INDICATE ALTERNATE CHOICES USING THE NUMBER 2.**

THEATRE 231	DIRECTING FOR THE THEATRE* (Requires previous undergraduate actor training)	3 Semester Hours	___
THEATRE 303	ACTING STYLES (COMEDY) (Requires previous undergraduate actor training)	3 Semester Hours	___
THEATRE 304	SPECIAL STUDIES IN ACTING: SHAKESPEARE (Requires previous undergraduate actor training)	3 Semester Hours	___
THEATRE 325	PLAYWRITING	3 Semester Hours	___
THEATRE 234	THEATRE & CULTURE (IF NOT IN CORE)	3 Semester Hours	___
ENGLISH 345	SHAKESPEARE: COMEDIES, HISTORIES AND ROMANCES (IF NOT TAKEN IN CORE)	3 Semester Hours	___
ENGLISH 343	SHAKESPEARE'S CONTEMPORARIES*	3 Semester Hours	___
ENGLISH 316	NINETEENTH-CENTURY NOVEL*	3 Semester Hours	___

SUB-TOTAL = \_\_\_\_\_ Semester Hours

\* These courses will be offered based upon enrollment

Total number of semester hours (circle one): 12    15    18
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**THE SKIDMORE COLLEGE SHAKESPEARE PROGRAMME**  
**ACADEMIC TRACKING FORM**

*I am applying for Fall 20*     

**A. Skidmore and Non-Skidmore Applicants**

This page is to be submitted to the candidate's faculty advisor in the department of his or her major for completion.

\_\_\_\_\_  
APPLICANT'S NAME

Please check the appropriate boxes:

\_\_\_\_\_ I am familiar with the applicant's academic progress and believe that his or her training and intellectual interests are such as to qualify the student to profit by participating in the Skidmore College Shakespeare Programme.

\_\_\_\_\_ I recommend the applicant with respect to character and personality for admission to the Skidmore College Shakespeare Programme.

Remarks or reservations regarding the student:

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

**B. Non-Skidmore Applicants Only**

This part is to be submitted to the Dean of the candidate's college or university for completion.

Please check the appropriate boxes:

\_\_\_\_\_ The applicant is in good standing in his or her college or university.

\_\_\_\_\_ I recommend the applicant with respect to scholarship, character, and personality for admission to the Shakespeare Programme.

\_\_\_\_\_ It is understood that in recommending a student for the Shakespeare Programme we approve the applicant's plan of study and consider the work creditable towards our degree.

Remarks or reservations regarding the student:

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

**SKIDMORE COLLEGE  
SHAKESPEARE PROGRAMME  
GENERAL AGREEMENT AND RELEASE FORM**

*I am applying for the Fall of 20\_\_*

1. The undersigned, an applicant for the Shakespeare Programme (hereinafter "the Program") offered by Skidmore College (hereinafter "Skidmore") hereby waives and releases Skidmore, its agents and employees from and against all claims or causes of action which I may have, now or in the future, relating to any injury, loss, damage, accident, delay or expense resulting from participation in the Program, including, without limiting the generality of the foregoing, the use of any vehicle, the occurrence of strikes, war, governmental restrictions or regulations, or the acts or omissions of any water carrier, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or any other firm, agency, company or individual. I hereby agree to exonerate, indemnify and hold Skidmore, its agents and employees harmless from and against any and all obligations or liabilities for which I may become liable as the result of damage or injury to the person or property of others while participating in the Program. I expressly acknowledge and agree that Skidmore, its agents and employees shall not be responsible for any injury or loss whatsoever suffered by me during periods of independent travel (which I understand are unsupervised) or during any absence from activities supervised by Skidmore.

2. During my participation in the Program, I hereby grant Skidmore, its employees and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of my health and safety, and I hereby release each of them from any liability for any such decisions or actions as may be taken by them in connection therewith. The authority granted in the preceding sentence shall include the right to place me, at my own expense, and without further consent, in a hospital, within or outside the United States, for medical services and treatment, or if no hospital is readily accessible, to place me in the hands of a local medical doctor for treatment. If it is deemed necessary or desirable by Skidmore, its employees or agents, I authorize them to transport me back to the United States, by commercial airline or otherwise, at my own expense, for medical treatment.

3. In the event that Skidmore, its employees or agents shall advance or loan any monies to me or shall incur expenses on my behalf, while I am a participant in the Program, I hereby agree to repay any such advances, loans or expenses immediately upon my return to the United States.

4. I hereby agree to comply with all rules, standards and instructions relating to student behavior which are promulgated by Skidmore or the host college. I agree that Skidmore, its employees and agents shall have the right to enforce appropriate standards of conduct, and that Skidmore may, at any time, terminate my participation in the Program in the event of any failure to abide by any such standard of conduct. If my participation in the Program is so terminated, I agree to return to the United States immediately thereafter, at my own expense, and Skidmore shall be under no obligation to refund any portion of the fees and other charges which have already been paid or to afford me any credit against fees and charges which have accrued but have not then been paid.

5. When participating in group tours or other activities arranged by Skidmore, I agree to accept the will of the majority whenever a matter of choice is presented to the group. I will also accept in good faith the instructions and suggestions of Skidmore or their agents in all matters relating to the Program including the personal conduct of Program participants. I understand that, from time to time, Skidmore publicity materials may include statements by and/or photographs of Program participants and I hereby consent to such use of my comments and photographic likeness.

6. I hereby acknowledge that Skidmore reserves the right to make cancellations, substitutions, or changes in the Program. In addition, I understand that Skidmore's fees are based upon costs currently in force and are subject to change. I agree that, if I leave the Program for any reason after the Program has begun, there will be no refund of any fees or charges already paid or any credit for fees and charges accrued but not paid.

7. All references in the Agreement and Release to Skidmore and its employees or agents shall include the officers, directors, staff members, campus directors, chaperones, group leaders, employees, agents and affiliates of Skidmore, as the case may be.

8. I hereby acknowledge that I have read the terms of conditions set forth in this Agreement and Release and the Skidmore Study Abroad Programs brochure and I understand that this Agreement and the brochure constitute the entire agreement between Skidmore and myself.

9. This Agreement shall be construed in accordance with the laws of the State of New York.

Signed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant (Please Print)

**10. Parent's or Guardian's Statement:**

\_\_\_\_\_ has my permission to become a member of The Shakespeare Programme for Fall 20\_\_\_. I agree to meet the applicant's expenses and fees under the normal schedule established by the College. I certify that I am the parent/legal guardian of the applicant, that I have read the foregoing Agreement and Release Form and the Shakespeare Programme brochure and I hereby join in the agreements of the applicant contained in the foregoing, and agree to be bound by all of the obligations of the applicant thereunder as if I were a party thereto.

Signed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Parent/Legal Guardian)



**Skidmore College  
and  
The British American Dramatic Acad**

Lary Opitz, Department of Theatre, Skidmore College  
Saratoga Springs, NY 12866-1632  
Phone: (518) 580-5432 or 587-2166  
Fax: (518) 580-5444 or 580-5749  
Email: lopitz@skidmore.edu

website: <http://www.skidmore.edu/academics/theater/shakespeare>

## FACULTY OR EVALUATOR RECOMMENDATION

DEPARTMENT OF THEATRE, SKIDMORE COLLEGE, SARATOGA SPRINGS, NY 12666-1632

NAME OF CANDIDATE \_\_\_\_\_

APPLYING FOR FALL TERM 20 \_\_\_\_\_

TO THE EVALUATOR OR FACULTY MEMBER:

THIS STUDENT IS APPLYING TO THE SHAKESPEARE PROGRAMME ORGANIZED BY THE BRITISH AMERICAN DRAMA ACADEMY AND ACCREDITED BY SKIDMORE COLLEGE. WE ASK ALL APPLICANTS TO FURNISH US WITH TWO LETTERS OF RECOMMENDATION FROM FACULTY MEMBERS WITH WHOM THEY ARE WELL ACQUAINTED.

WE WILL APPRECIATE YOUR GIVING US YOUR JUDGMENT ON THE ACADEMIC QUALIFICATIONS AND MATURITY OF THIS STUDENT. WE ARE PARTICULARLY INTERESTED IN KNOWING WHETHER OR NOT THE APPLICANT WILL TAKE FULL ADVANTAGE OF THE PROGRAM AND CAN FUNCTION IN A RESPONSIBLE WAY IN A FOREIGN ENVIRONMENT.

PLEASE USE THE FORM ON THE REVERSE SIDE OF THIS SHEET FOR YOUR COMMENTS OR ATTACH YOUR OWN LETTER RESPONDING TO THESE POINTS.

NAME OF FACULTY MEMBER \_\_\_\_\_  
PLEASE PRINT NAME TITLE

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

OFFICE TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THE STUDENT'S APPLICATION CANNOT BE CONSIDERED WITHOUT REFERENCES. PLEASE RETURN THIS FORM NO LATER THAN MARCH 15 TO:

***The Shakespeare Programme***  
Professor Lawrence Opitz  
Department of Theatre  
Skidmore College  
Saratoga Springs, NY 12866-1632  
email address: lopitz@skidmore.edu  
TELEPHONE: (518) 580-5432  
OR (518) 587-2166  
FAX: (518) 580-5444

1. How long and under what circumstances have you known this applicant?

2. Please comment on the applicant's general intellectual ability, academic achievement, capacity for independent study, competence in chosen field of study, and integrity.

3. Please comment on the applicant's level of maturity, adaptability to new circumstances, emotional stability, and ability to work and live cooperatively with others.

4. If you were the resident director of a program abroad, would you be eager, willing, or reluctant to have the applicant as a member of your group?



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NAME OF FACULTY MEMBER \_\_\_\_\_  
PLEASE PRINT NAME TITLE

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

OFFICE TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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