

SKIDMORE IN PARIS APPLICATION

Applications Deadlines:

Spring Semester: October 15

Academic Year/Fall Only: March 15

Please attach
9 Passport Photos
and print your
name on the back
of each

Note: Incomplete applications will NOT be considered.

PLEASE TYPE OR PRINT ALL INFORMATION

Semester and year for which you are applying: _____

I. PERSONAL INFORMATION:

Name: _____
(first) (last)

E-mail Address: _____

Campus Address: _____

(city) (state) (zip)

Cell Phone: _____

Campus Phone: _____

Campus address/phone valid until (date): _____
Permanent Address: _____

(city) (state) (zip)

Phone: _____

Major: _____ Minor: _____

GPA: _____ Class: FR ___ SO ___ JR ___ SR ___

Graduation date Month/Year: _____

Date of Birth: _____
(mm/dd/yr)

College ID#: _____

Passport Number: _____

Citizenship: _____

Place/Date of Issue: _____

Expiration Date: _____

II. GUARDIAN INFORMATION:

Please provide contact information for the person with whom we should communicate regarding your participation in the program. This person will serve as our contact for financial issues as well as in case of an emergency.

Name: _____

Relationship to you: _____

Address: _____

(city) (state) (zip)

Home Phone: _____

Work Phone: _____

E-mail address: _____

To the Student:

By signing your name below, you permit Skidmore College's Office of International Programs to release information to the guardian you have indicated above. This information will include, but is not limited to, pre-departure information regarding the program, billing statements and other financial information, and information regarding your whereabouts while you are abroad.

If you choose not to sign below, we will NOT be allowed to release any type of information to your guardian/parent while you are abroad.

I, _____, permit Skidmore College's Office of International Programs to release information to the guardian I have indicated above.

Student's Signature

Date

REQUIRED SIGNATURES

To be completed by the Applicant:

Studying abroad is a privilege that is available to students who have demonstrated the ability to adjust academically and emotionally to college, and who are ready to benefit from the challenges of off-campus study. Only students in good academic and social standing are eligible to study abroad.

By signing your name below, you authorize Skidmore College's Office of International Programs to have access to information regarding your academic and social standing at your home institution. You also authorize Skidmore's Office of International Programs to share any pertinent information with directors and staff overseas as needed. The existence of a disciplinary record does not preclude admission, but will be considered in the overall evaluation of the application.

Please be aware that the stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Physical or psychological disorders can become serious under the stresses of a new environment. Therefore, if you have a physical or psychological condition it is important that you meet with your physician or counselor to discuss how studying off campus could affect your medical condition. Addressing your health issues prior to studying off campus will help you to identify those resources that will and will not be available at your program site.

I, _____, **have read and understand the above statements.**
(please print name)

Student's Signature

Date

SKIDMORE IN PARIS APPLICATION

Office of International
Programs Skidmore College
815 North Broadway
Starbuck Center 202
Saratoga Springs, NY 12866
p. (518) 580-5355
f. (518) 580-5359
oip@skidmore.edu

APPLICANT'S BACKGROUND

Please answer the following questions on separate sheets of paper. Be sure to number your responses and attach the extra sheets to your application form.

1. List all the courses not on your transcript that you will have completed before the beginning of the program.
2. What was your last course in French? When was it taken and where?
3. What course work or additional academic work (outside of a formal class) have you done that would serve as background for the program?
4. What subjects are you most interested in pursuing while on the program? How will courses in these subjects assist you in completing your requirements at Skidmore?
5. Have you ever traveled or lived outside of the United States? If so, please describe your experience and how you will incorporate it into your preparations for your experience abroad. If you have not traveled outside of the United States, explain how you plan to prepare for the experience.
6. Do you have any special needs about which we should be informed? Please note: This information will be kept confidential and is NOT considered as part of the selection process. By informing us of special needs now, you will allow us to make arrangements that will best serve you while you are overseas and ensure that we can identify necessary resources abroad.
 - Are you currently under medical treatment for any reason? YES NO
 - Are you currently being treated by a psychologist/physician for an emotional, nervous or mental condition? YES NO
 - Do you have any physical or learning disabilities for which you will need special arrangements? YES NO

ESSAY QUESTIONS

On a separate sheet of paper, please answer both questions. Limit your responses to one sheet of paper per question.

1. **PLEASE RESPOND TO THIS QUESTION IN FRENCH.**

Why do you want to participate in the Skidmore in Paris program? How will this program assist you in achieving your academic objectives and personal goals?

2. How do you plan to incorporate the experience and knowledge you gain while abroad into your studies at your home institution? (You may respond to this question in English.)

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ACADEMIC RECOMMENDATION FORM

I. TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Term Abroad: _____ Phone: _____

Evaluator's Name: _____

Course taken with Evaluator: _____

II. TO BE COMPLETED BY FACULTY MEMBER

For how long have you known the applicant?

In what capacity?

In which course(s) have you taught this student?

Please comment on the applicant's general intellectual ability and motivation for studying abroad, as well as his/her emotional maturity and stability, ability to function in a foreign environment, ability to relate to others, and ability to work independently. (Please use a separate sheet of paper.)

How would you feel if this applicant were to be a member of a overseas study group of which you were the director?

Name of Evaluator (please print): _____

Title: _____ Institution: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

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LANGUAGE ASSESSMENT FORM

I. TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Term Abroad: _____ Phone: _____

Evaluator's Name: _____

Course taken with Evaluator: _____

II. TO BE COMPLETED BY FACULTY MEMBER

For how long have you known the applicant?

In what capacity?

In which language course(s) have you taught this student?

Please comment on the applicant's general intellectual ability and motivation for studying abroad, as well as his/her emotional maturity and stability, ability to function in a foreign environment, ability to relate to others, and ability to work independently. (Please use a separate sheet of paper.)

How would you feel if this applicant were to be a member of an overseas study group of which you were the director?

General Language Proficiency Assessment

	Upper 10%	Next 15%	Mid 50%	Lower 25%	Unable to Judge
Overall Knowledge of French					
Listening Comprehension					
Fluency					
Reading Comprehension					
Written Expression					

Name of Evaluator (please print): _____

Title: _____ Institution: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

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SKIDMORE IN PARIS APPLICATION

STUDY ABROAD APPROVAL FORM **FOR NON-SKIDMORE STUDENTS**

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I. TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Term Abroad: _____ Phone: _____

Home Institution: _____

II. TO BE COMPLETED BY DEAN OR DIRECTOR OF INTERNATIONAL PROGRAMS AT HOME INSTITUTION

Please check all that apply:

_____ The applicant is in good academic and social standing at his/her home institution.

_____ I recommend the applicant with respect to scholarship, character, and personality for admission to the Skidmore in Paris Program.

_____ I have reviewed and approve the applicant's plan of study and consider the work creditable toward his/her degree.

_____ I will consider the work for credit upon the student's successful completion of the program and return to the home institution.

Comments or concerns regarding the applicant:

Name (please print): _____ Title: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

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SKIDMORE COLLEGE IN PARIS HOUSING QUESTIONNAIRE

The following questionnaire will be used by the Housing Coordinator to match you with a compatible French host family. It is to your advantage to be as **SPECIFIC** as possible. All information is treated with the utmost discretion and is seen only by the Resident Director and the Housing Coordinator.

Student's name: _____
(Last) (First) (Middle)

Date of birth: _____ Place of birth: _____
(day/month/year) (city & state)

Passport number: _____

Nationality: _____

Home address: _____
(street) (city) (state & zip)

Home phone: _____ Home/business fax: _____

Home e-mail contact: _____

School Address: _____
(street) (city) (state & zip)

School phone: _____ Valid until when? _____

School e-mail: _____

Do you live in a dorm or an apartment? _____ Single or double? _____

Summer address (for fall applicants):

Father's name: _____ Date of birth: _____

Mother's maiden name: _____ Date of birth: _____

Father's profession (past or present): _____

Mother's profession: (past or present) _____

Ages of brothers: _____ sisters: _____

Please check if parents are separated _____ divorced _____

If one of the above is checked, with whom do you make your permanent home, and since when?

Please mention, if you wish, any special family circumstances (for example, a recent death of a close relative, etc.):

What is your major? _____ minor? _____

Since when have you studied French? _____

What do you consider your speaking ability in French to be? _____

Have you lived in a big city? _____ When and where? _____

Have you previously been to France? _____ Have you traveled or lived outside of the United States? (please describe briefly where, how long, as a tourist, exchange student, etc.)

How do you spend your free time at school?

How do you usually spend your vacations/summers?

What sports/physical activity do you practice at school or at home?

What is the most important aspect of this semester/year in Paris for you?

Do you judge yourself to be basically an introvert or an extrovert? _____ Why?

Living with the French allows students to discover and appreciate a different culture as well as improving language abilities through daily contact with all family members. A variety of housing situations is available in which students will always have a single room. In all cases the parent has had experience with children. Please place the following four situations in your order of preference:

FAMILY COUPLE MOTHER WITH CHILD(REN) SINGLE WOMAN

1 _____ 2 _____ 3 _____ 4 _____

Various relationships with your hosts are possible, depending on their expectations and yours, please explain what kind of relationship you hope to have:

In the case of a family with children, what age children would you enjoy living with? Why? What age children would you NOT enjoy living with? Why?

Would you object to having your family with a French or foreign student, both of you in separate rooms? _____ If yes, why?

What pets would you object to living with? _____

Do you smoke? _____ Could you restrict smoking to OUTSIDE the apartment? _____

Would you object to your host smoking regularly? _____ occasionally? _____

If you practice a religion, which one? _____

Do you have any special dietary requirements? _____ If yes, please explain.
Please keep in mind that vegetarians/non-meat eaters will have a more limited selection since many families prefer students without dietary restrictions.

As long as they are available, students will have single rooms. Most are in the apartment but some are former "maid's rooms" (generally on the top floor in the same building as your host; possibility of separate entrances; sink with hot/cold water; WC in the hallway shared with others; bathroom usually down in host's apt; total and desired access to the host's apartment). Would you object to a maid's room? _____ If so, why?

Everyone will have an average traveling time of **20-25 minutes** by Métro to classes. Would you object to living a bit farther away (30-40 minute metro) if the family is more suited to your needs? _____ If so, why?

It is usually not possible to place students according to all their preferences. Please number the following aspects in order of their priority:

- _____ family composition
- _____ location in relation to classes
- _____ diet restrictions
- _____ religious preference
- _____ spacious housing arrangements
- _____ smoking or pet restrictions

Please add any other details that may help in placing you in a family.

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