

SKIDMORE IN SPAIN APPLICATION

Applications Deadlines:

Academic Year (Madrid only): **March 1**
Fall Semester (Alcalá only): **March 1**
Spring Semester **ONLY**: **September 20***

* Applicants for spring who meet ALL requirements may apply on March 1 for early acceptance.

Study Abroad Term:

Academic Year 20____
Fall 20____
Spring Only 20____

Program Selection For non-Spanish Language

Majors:

Madrid Alcalá

Please attach
15 photos
(1"wide x 1.5"
high – **NOT**
passport size)

Note: Incomplete applications will NOT be considered. PLEASE TYPE OR PRINT ALL INFORMATION.

I. PERSONAL INFORMATION:

Name: _____
(first) (last)

E-mail Address: _____

Campus Address:

(city) (state) (zip)

Campus Phone: _____

Campus address/phone valid until (date): _____

Cell Phone: _____

Permanent Address:

(city) (state) (zip)

Phone: _____

Home Institution: _____

Major: _____ Minor: _____

GPA: _____ Graduation date Month/Year: _____

Birth date: _____ College ID#: _____

Citizenship: _____

Passport Number: _____

Place/Date of Issuance: _____

Non-Skidmore Students only: Please have an official transcript sent to my home school at:
Name/Office: _____

Address: _____

(city) (state) (zip)

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)

Day Phone: _____

Evening Phone: _____

E-mail address: _____

Dear 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, **except in the case of an emergency.**

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, social, and financial 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, social, and financial 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

To be completed by applicant's faculty advisor in major department:

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 in Spain study abroad program.
- _____ I recommend the applicant with respect to character and maturity for admission to the Skidmore in Spain study abroad program.

For students who are majoring in Spanish please indicate to which program you would recommend acceptance.

Madrid

Alcalá

Why? _____

Faculty Advisor's Name

Title

Faculty Advisor's Signature

Date

Return to:
Office of International Programs
Skidmore College
815 North Broadway, Starbuck 202
Saratoga Springs, NY 12866
Tel: (518) 580-5355
Fax: (518) 580-5359
Email: oip@skidmore.edu

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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 Spanish? 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 your home campus?
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 SPANISH.**
Why do you want to participate in the Skidmore in Madrid 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 a 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 Spanish					
Listening Comprehension					
Fluency					
Reading Comprehension					
Written Expression					

Name of Evaluator (please print): _____

Title: _____ Institution: _____

Address: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

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

I. TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

Which Skidmore in Spain Program? Alcalá Madrid

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 Spain 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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