

# **ICONS OF PARIS: JOAN OF ARC & MICHEL DE MONTAIGNE**

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

## **PARIS FALL SEMINAR - 2007**

### **APPLICATION INSTRUCTIONS**

**Submission Deadline: March 15**

**NOTE: Incomplete applications will NOT be considered.**

#### **ELIGIBILITY REQUIREMENTS:**

- 3.0 GPA or better (Applicants with less than a 3.0 will be considered on an individual basis depending on overall qualifications and available space.)
- Skidmore students who are currently sophomores must declare a major PRIOR TO applying.
- Basic or no knowledge of French language (Skidmore students who have already taken FF203 cannot be considered for this program.)

In addition, we will consider the student's social standing, quality of essays, maturity, and faculty recommendations.

#### **INSTRUCTIONS:**

Please type or print clearly and return these materials to the Office of International Programs (OIP) by the deadline given above. Incomplete applications will NOT be considered.

- Declaration of major:** You must declare a major with the Registrar's Office before submitting this application.
- Application Fee:** Include a check for \$25.00 with your application made payable to "Skidmore College". Please include "Paris Fall Seminar – Deposit" in the memo line of the check. The application fee is non-refundable.
- Application for Study Abroad:** Complete application and sign as needed. Obtain your faculty advisor's signature.
- Academic Recommendations:** These should be completed by two different faculty members with whom you have recently studied. One may be completed by your academic advisor.
- Transcript:** The OIP will obtain transcripts for all Skidmore students.
- Degree Audit:** Complete and attach a print-out of your Degree Audit. Degree Audits can be completed through the Registrar's Office webpage at: <http://www.skidmore.edu//registrar/regoff.html>.
- Housing Questionnaire:** Be sure to complete with care as your host family will be selected using this information.
- Foreign Language Assessment Form:** Only students who are currently enrolled in a French language course must have this form completed by the professor teaching the course.
- French language placement test:** All applicants who are not currently enrolled in a French language course must take the online French placement test and submit a print-out of the results screen with this application. The test is available at <http://www.skidmore.edu/academics/fll/webcape.html>.
- Photocopy of your passport:** It should be a clear, legible copy of the photo page of your passport that give the number, etc. If you do not yet have a passport, or if your passport will become invalid within six months of the end of the program, please apply for one or renew immediately.
- Photos (9): Nine passport-size** photos (2" x 2") must be submitted with the application.

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**PARIS FALL SEMINAR - 2007**

**APPLICATION**

Application Deadline: MARCH 15

Note: Incomplete applications will NOT be considered.

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PLEASE TYPE OR PRINT ALL INFORMATION IN **INK**

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Campus/Saratoga Springs Address:

Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Saratoga Springs Phone: \_\_\_\_\_

Permanent Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Place/Date of Issue: \_\_\_\_\_

**ACADEMIC INFORMATION:**

Skidmore Academic Advisor: \_\_\_\_\_

Major: \_\_\_\_\_

Second Major: \_\_\_\_\_

Minor: \_\_\_\_\_

GPA: \_\_\_\_\_

College ID#: \_\_\_\_\_

Anticipated graduation date Mon/Year: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

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

1.) Name: \_\_\_\_\_

2.) Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)

\_\_\_\_\_  
(city) (state) (zip)

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dear Student:

By signing your name below, you permit Skidmore College's Office of International Programs to release information to the contacts you have listed 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 contacts I have indicated above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**REQUIRED SIGNATURE**

**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. 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 Signature

\_\_\_\_\_  
Date

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**COURSE REQUEST & APPROVAL**

Please complete the top section of this form and have your advisor sign at the bottom. If you wish to have a Seminar course count toward a requirement for your major or minor, it must have the signature of the appropriate Department Chair. Contact the Office of International Programs at (518) 580-5355 or [oip@skidmore.edu](mailto:oip@skidmore.edu) if you have any questions.

Name: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Class Year: \_\_\_\_\_

Course Title	Pass / Fail	Credits	Major / Minor Department Chair Signature
JFFF195 Inten Oral & Written French		4	
JPFL325 French History and Society		4	
JPFL263 Jeanne d'Arc, Virgin of Orleans		4	
JPFL363 Michel de Montaigne, Women, Body, Soul		3	
<b>Total Credits</b>		<b>15</b>	

**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 Fall Seminar in Paris study abroad program.
- I recommend the applicant with respect to character and maturity for admission to the Skidmore Fall Seminar in Paris study abroad program.

Comments:

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\_\_\_\_\_  
Faculty Advisor Name - PRINT

\_\_\_\_\_  
Title

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

# **ICONS OF PARIS: JOAN OF ARC & MICHEL DE MONTAIGNE**

## **PARIS FALL SEMINAR - 2007**

### **APPLICATION**

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### **APPLICANT BACKGROUND**

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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 course work or additional academic work (outside of a formal class) have you done that would serve as background for the program?
3. 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.
4. 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**

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On a separate and attached sheet of paper, please answer the following questions. Limit your responses to two sheets of paper.

1. Why do you want to participate in the 2007 Paris Fall Seminar, "Icons of Paris?"
2. How will this program assist you in achieving your academic objectives and personal goals?
3. How do you plan to incorporate the experience and knowledge you gain while abroad into your studies back at Skidmore?

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**ACADEMIC RECOMMENDATION (FORM 1)**

**I. TO BE COMPLETED BY THE APPLICANT**

Applicant Name: \_\_\_\_\_  
Term Abroad: \_\_\_\_\_ Phone: \_\_\_\_\_  
Evaluator 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? \_\_\_\_\_  
\_\_\_\_\_

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

**III. WRITING PROFICIENCY ASSESSMENT**

<b>WRITING CRITERIA</b>	<b>Upper 10%</b>	<b>Next 15%</b>	<b>Mid 50%</b>	<b>Lower 25%</b>	<b>Unable to Judge</b>
Overall writing ability					
Conveys coherent arguments					
Proper grammar/sentence structure					
Writes according to assignment					

On a separate sheet of paper, 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.

**Name of Evaluator (please print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to the Office of International Programs by March 15, 2007.**

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**ACADEMIC RECOMMENDATION (FORM 2)**

**III. TO BE COMPLETED BY THE APPLICANT**

Applicant Name: \_\_\_\_\_  
Term Abroad: \_\_\_\_\_ Phone: \_\_\_\_\_  
Evaluator Name: \_\_\_\_\_  
Course taken with Evaluator: \_\_\_\_\_

**IV. 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? \_\_\_\_\_  
\_\_\_\_\_

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

**III. WRITING PROFICIENCY ASSESSMENT**

<b>WRITING CRITERIA</b>	<b>Upper 10%</b>	<b>Next 15%</b>	<b>Mid 50%</b>	<b>Lower 25%</b>	<b>Unable to Judge</b>
Overall writing ability					
Conveys coherent arguments					
Proper grammar/sentence structure					
Writes according to assignment					

On a separate sheet of paper, 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.

**Name of Evaluator (please print):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PARIS FALL SEMINAR - 2007**

**LANGUAGE ASSESSMENT FORM**  
**FOR STUDENTS CURRENTLY ENROLLED IN FRENCH**

**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 use a separate sheet of paper to 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.

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**

LANGUAGE CRITERIA	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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to the Office of International Programs by March 15, 2007.

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**HOUSING QUESTIONNAIRE FORM**

The following questionnaire will be used by the Paris staff to match you with a compatible French host family. It is to your advantage to be as SPECIFIC and HONEST as possible. All information is treated with the utmost discretion and is seen only by OIP, the Skidmore in Paris Resident Director and Associate Director.

Student name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(DD/MM/YYYY) (City) (State) (Country)

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  apartment? Is your room a:  single  double?

Summer address: \_\_\_\_\_  
(Street) (City) (State & Zip) (Country)

Father's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mother's name (include maiden name, if applicable): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Father's profession (past or present): \_\_\_\_\_

Mother's profession (past or present): \_\_\_\_\_

If you have siblings: 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?

Mother  Father Since: \_\_\_\_\_

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

Name: \_\_\_\_\_

What is your major? \_\_\_\_\_ minor? \_\_\_\_\_

Since when have you studied French, if at all? \_\_\_\_\_

What do you consider your speaking ability in French to be?  Beginner  Intermediate  Advanced

Have you ever lived in a big city?  Yes  No If Yes, when and where? \_\_\_\_\_

Have you previously been to France?  Yes  No

Have you traveled or lived outside of the United States?  Yes  No

If Yes, please describe briefly where, how long, if 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 in Paris for you? \_\_\_\_\_

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

How do you judge yourself to be?  Extroverted  Introverted

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 situations in your order of preference, numbering 1-4:

\_\_\_\_\_ FAMILY

\_\_\_\_\_ MOTHER WITH CHILD(REN)

\_\_\_\_\_ COUPLE

\_\_\_\_\_ SINGLE WOMAN

Name: \_\_\_\_\_

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

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In the case of a family with children, what age children would you enjoy living with? Why? \_\_\_\_\_

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What age children would you **NOT** enjoy living with? Why? \_\_\_\_\_

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

Yes     No    If Yes, why? \_\_\_\_\_

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With what pets would you object to living, if any? \_\_\_\_\_

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Do you smoke?  Yes     No

If Yes, could you restrict your smoking to OUTSIDE the residence?  Yes     No

Would you object to your host smoking (indoors) regularly?  Yes     No    Occasionally?  Yes     No

If you practice a religion, which one? \_\_\_\_\_

Do you have any special dietary requirements?  Yes     No    If Yes, please explain. *(Please note that vegetarians/non-meat eaters will have a more limited dietary selection since many families prefer students without dietary restrictions.)* \_\_\_\_\_

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As long as they are available, students will have single rooms. Most are within the apartment but some are a former "maid's room" (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; shower usually down in host's apt; total and desired access to the host's apartment). Would you object to a maid's room?  Yes     No

If Yes, why? \_\_\_\_\_

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Name: \_\_\_\_\_

**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 Métro) if the family is more suited to your needs?  Yes  No

If Yes, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is usually not possible to place students according to all their preferences. Please number the following aspects in order of their priority, 1-6:

\_\_\_\_\_ family composition

\_\_\_\_\_ religious preference

\_\_\_\_\_ location in relation to classes

\_\_\_\_\_ spacious housing arrangements

\_\_\_\_\_ diet restrictions

\_\_\_\_\_ smoking or pet restrictions

Please add any other details that may help in placing you in a family, if applicable. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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