



U.S. STUDY ABROAD APPLICATION FORM

This form is designed to give us the information we need to consider your application to our U.S. Study Abroad Programme. It does not commit you to taking up any place you may be offered. Please complete ALL sections. Thank you.

SECTION 1: PROGRAMME DETAILS

Where did you hear about this programme? Office of International Programs, Skidmore College

I am applying for the U.S. Study Abroad Programme 2005/ 2006

Full Academic Year One Semester only Do you want to start in September or February February

SECTION 2: PERSONAL DETAILS

Family Name _____ First Name (s) _____

Male/Female (please circle) _____ Date of Birth Day _____ Month _____ Year _____

Nationality _____ Country of Birth _____

Permanent Home Address _____

_____ Zip _____

Telephone _____ Fax _____

Email _____ **MUST be provided**

Name of Parent/Guardian _____

Parent's/Guardian's Email Address _____ **MUST be provided**

Parent's/Guardian's Telephone Number _____ **MUST be provided**

SECTION 3: EDUCATIONAL DETAILS

Current Cumulative GPA _____ **Please remember to attach an official transcript**

Home College or University _____

Current Course of Study (major/minor) _____

Current Year of Study (Please circle) 1st/2nd/3rd/4th/Graduate _____ Year of Graduation _____

Is your First Language English Yes No

If English is not your first language, how long have you studied in the U.S. education system _____

If English is not your native language and you have not been through high school in the U.S. you will be required to provide an official TOEFL/IELTS test result

PLEASE TURN OVER



SECTION 4: PERSONAL STATEMENT

Please use the space below to write a short statement about why you wish to join the Study Abroad Programme.

SECTION 5: I ENCLOSE THE FOLLOWING

- An academic reference (with the recommendation sheet)
- An official transcript
- A list of the courses I wish to take for each semester
- 3 passport sized photographs
- An application for Halls of Residence (if applicable, including 2 photographs)
- Proof of English language ability

Please note that we are unable to make a decision on your application until all the above items have been received. If you are sending some items separately please give us an indication of when they are likely to arrive.

SECTION 7: DECLARATION

I confirm that all the details I have provided are true and accurate.

Signature _____ Date _____

Please return this form to:

Office of International Programs
Skidmore College
815 N. Broadway Saratoga Springs, NY 12866



MODULES

Please use the Study Abroad Module Catalogue or our Internet site (www.wmin.ac.uk/international/Modcat.htm) to look at the modules available for this academic year. Using the full codes and titles please list, **in order of preference**, the modules you are interested in taking. Study Abroad students will take four modules per semester, however you are asked to select at least eight modules per semester to avoid disappointment due to last minute changes or timetable clashes. These choices are in no way final and you are able to change your choices after your arrival. **Students who are coming for a year** should choose 6 modules, but please select at least 12 (6 per semester).

For Office Use Only

Preference	Module Code	Module Title	Available?	If no, reason/possible alternative:
1 st Choice				
2 nd Choice				
3 rd Choice				
4 th Choice				
5 th Choice				
6 th Choice				
7 th Choice				
8 th Choice				
Alternatives				
1 st Choice				
2 nd Choice				
3 rd Choice				
4 th Choice				
5 th Choice				
6 th Choice				
7 th Choice				
8 th Choice				



APPENDIX C

STUDY ABROAD STUDENT'S APPLICATION FOR ADMISSION TO THE HALLS OF RESIDENCE (U.S. Study Abroad Programme)

Please use BLOCK CAPITALS throughout and complete in **BLACK INK**.

Surname (Family name)-----

First Name(s)-----MALE/FEMALE-----

Date of Birth

Day	Month	Year

 Nationality-----

Permanent Address-----

Town----- State----- Zip -----

Country-----

Tel:.....Fax: *.....Email:.....
(No Cell Phones Please)

Correspondence address if different from above

Town----- State----- Zip -----

Country-----

Tel:.....Fax: *.....Email:.....
(No Cell Phones Please) * Please give a fax number if possible

Correspondence address valid until (give date)-----

Name of home institution-----

Do you have a disability or medical condition relevant to your housing requirements? YES/NO

** If "Yes" please attach details and mark the envelope "confidential". Please include a recent relevant report from your doctor and details of any special housing needs arising from your disability or medical condition*

My course will be: STUDY ABROAD

Subject(s):-----

This course will be for

Second Semester (January -June)

My course is based at Harrow Campus YES/NO* PLEASE TURN OVER

Please attach 2 photographs (passport size) here

Please print your name on the back of both

OFFICE USE ONLY

Received		Offered		Accepted	
Duration		Hall		Room No	
Status		Type			

DA		Registration No	
DD		Comp No	

I am applying for a place in one of the Halls of Residence for 2005_/ 2006_academic year

I would prefer single sex accommodation YES/NO*

I would prefer a SMALL / STANDARD / LARGE* sized room

Do you smoke? YES/NO*

1 st Choice	2 nd Choice

If you have a preference for a particular Hall of Residence, please state your preference

Emergency contact in UK----- **Tel No** -----

PLEASE NOTE:

The University is unable to guarantee that applicants will be offered their choice of Hall or room type. Students not stating a preference will be considered for all Halls.

A reservation/damages deposit must be paid on acceptance of an offer of a place in the Halls of Residence. This will be repaid approximately 6-8 weeks after the end of the contract. Deductions will be made from deposits for personal and communal damages, outstanding rent and administrative charges.

Students accepting a place in Hall are liable for rent for the whole period. Students who leave Hall before the end of the contract, or who do not take up a place they have accepted, will be liable for the rent as well as an administrative charge until a replacement has been designated by the University.

This application form will be used by staff in the University's International Education Office and the Estates and Facilities Department to process your application, form a record in Hall and to deal with any payment matters. It may also be used for security purposes. The University may from time to time disclose information to third parties who provide services to the University on the basis that it is provided in confidence.

I confirm that I will be a full-time student at the University of Westminster and that all the details I have provided are accurate. I agree to any medical information being disclosed in confidence to relevant Hall staff and the University Health Service.

Signature _____

Date _____

You will receive an acknowledgement of receipt of this form.
You will be informed of the outcome of your application.

Please return this form to:
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Skidmore College
815 N. Broadway
Saratoga Springs, NY 12866