

Approved Program Application

Skidmore College
Office of International Programs
Starbuck Center 202
Tel: 518-580-5355 Fax: 518 580-5359
Email: OIP@Skidmore.edu

Application Deadlines:

- At least **two weeks** prior to your chosen program's application deadline;
- **Or October 14** for spring semester programs; **March 15** for fall and academic year programs, whichever is **earlier**.
- **IES programs:** two weeks prior to the IES published deadline or 'IES Direct Admission deadline' if applicable for the program to which you are applying.

The Office of International Programs is not responsible for students filing applications after the program provider deadline. Make sure you know your program provider's application deadline. You may be denied acceptance to a program if your application is late. **It is highly recommended that students applying to programs in Italy or School for International Training (SIT) programs apply early.**

PLEASE TYPE OR PRINT IN INK ALL INFORMATION

Program Applying to: _____

Semester(s) applying for: _____

Program Provider: _____

Location (city, country): _____

PERSONAL INFORMATION:

Name: _____

Email address: _____

Campus/Saratoga Springs Address:

Permanent Address:

Saratoga Springs Phone: _____

Permanent Address 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's 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's Signature

Date

