

# **SKIDMORE IN LONDON APPLICATION**

## **Applications Deadlines:**

**ALL SCHOOLS IN LONDON: September 22**

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

Please attach  
ONE passport  
sized photo -  
Include additional  
photos as  
determined by the  
specific school you  
are applying to

**PLEASE TYPE OR PRINT ALL INFORMATION**

**British institution to which you are applying:** \_\_\_\_\_

**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**

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### **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

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

School in London: \_\_\_\_\_

**Proposed Course of Study While Abroad**

Instructions:

- Fill in course information about the classes you hope to take while studying overseas in the section entitled "To be completed by student." **Please note that course availability overseas may be limited, so be sure to include alternate course selections.**
- Discuss your potential course selections with your faculty advisor. **Be sure that you understand how your course selection affects your progress toward graduation.** Obtain your advisor's signature.
- If you hope to receive credit toward your major or minor, please have your department chair complete the section entitled "To be completed by Department Chair". If you want a course to count toward a graduation requirement, please have the chair of the appropriate Department complete the section entitled, "To be completed by the Department Chair." For example if you would like a selected course to count toward the all college arts requirement, you will need to obtain course approval from the Chair of the Art Department
- **Course descriptions MUST be turned in with this application.**

To Be Completed By Student	To Be Completed by Department Chair			
	If credit for <b>any</b> graduation requirement is sought			
Course title and number	Skidmore equivalent course # for major, minor or all-college requirement	Does course count for 300-level maturity credit	Number of Skidmore Credits	Chair's Signature

**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 London study abroad program.

\_\_\_\_\_ I recommend the applicant with respect to character and maturity for admission to this Skidmore in London study abroad program.

\_\_\_\_\_  
Faculty Advisor's Signature                      Date

**FOR OFFICIAL USE ONLY:**

Registrar's Office: *The course of study proposed by this student has been pre-approved for transfer according to the terms outlined in the "Policies on Academic Leaves."*

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Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

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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 course work or additional academic work (outside of a formal class) have you done that would serve as background for the program?
3. 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?
4. 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.
5. 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 the following question. Limit your responses to one sheet of paper per question. **Students applying to UCL or Westminster should answer the essay question on the university application instead of this question.** If applying to UCL, essay should address why you are applying to UCL and why you are applying to a particular department.

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

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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: \_\_\_\_\_

**Please return to Skidmore College's Office of International Programs by:**

**SEPTEMBER 22**

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### **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**

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

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

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

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**SEPTEMBER 22**