

SHAKESPEARE PROGRAMME

Application Deadline:
March 15

Note: Incomplete applications will NOT be considered.

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

ELIGIBILITY REQUIREMENTS:

- 3.0 GPA Overall or better with a 3.2 in the major. (Applicants with less than a 3.0 will be considered on an individual basis depending on qualifications and available space.)
- Students must have declared their majors **PRIOR TO** applying.
- 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.

1. **Skidmore Application for Study Abroad:** Complete application and sign as needed. Obtain your faculty advisor's and departmental chair's signatures.
2. **Academic Recommendations:** These should be completed by two different faculty members. We suggest that at least one of the recommendations be from a member of the faculty in your major. If you are a theatre major you may opt to substitute one letter from a theatre professional familiar with your work.
3. **Transcript:** The Office of International Programs will obtain transcripts for all Skidmore students. Non-Skidmore students should send an official transcript with their application.
4. **Personal Statement (approximately 1 page in length)**
5. **The Shakespeare Programme selection of courses form**
6. **Photos:** Please attach 6 photos to your application form. They should be passport sized (2x2 inches), color and of passport quality. The photos should not be copies, black and white, scanned, cut out from other photos, etc. Please print your name on the back of each photo.
7. **Copy of your passport:** It should be a clear, legible copy of the first two pages 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 your program, please apply for one immediately.
8. **Application Fee:** Send a check for \$25 to the Office of International Programs made out to "Skidmore College". Please include "Shakespeare Programme – Deposit" in the memo line of the check. The fee is non-refundable.
9. **Skidmore students must complete and attach a Degree Audit.** Degree audits can be completed through the Registrar's Office webpage at:
<http://www.skidmore.edu//registrar/regoff.html>
10. **Theatre students:** You must provide a one-page resume of theatre activities to date.

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Please attach
ONE passport
sized photo -
Include additional
photos as
indicated.

PLEASE TYPE OR PRINT ALL INFORMATION

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

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: _____

Semester Abroad: _____

Course Selection Sheet: Shakespeare Programme

Instructions:

- 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.
- **All** students must take English 346 and Theatre 334.
- Students will also select either Theatre 234 **OR** English 345.
- Please finalize course selections by indicating which course you prefer by placing a "1" next to that choice. Please use a "2" to indicate alternate choices.
- All Courses are 3 credits each. Students must take a minimum of 12 credits and no more than 18 credits for the semester.
- For Theatre 231, 303, and 304, students are required to have previous undergraduate actor training.

Section I: Courses to be taken by all students:

English 346 Shakespeare: The Tragedies

Theatre 334 Special Studies: Dramatic Criticism

Section II: Please select one course from the following choices:

Theatre 234 Theatre and Culture: Modern Theatre History _____ **OR** English 345 Shakespeare: Comedies and Histories _____

Section III: Please choose two or three courses from the following options. Please use the number 1 to indicate your first choices; the number 2 to indicate alternate choices.

- | | |
|--|---|
| Theatre 231 Directing for the Theatre* _____ | Theatre 303 Acting Styles-Comedy _____ |
| Theatre 304 Special Studies in Acting: Shakespeare _____ | Theatre 325 Playwriting _____ |
| Theatre 234 Theatre and Culture _____
(If not taken in Core) | English 343 Shakespeare's Contemporaries* _____ |
| English 345 Comedies, Histories and Romances _____
(If not taken in Core) | English 316 Nineteenth-Century Novel* _____ |

* These courses will be offered based upon enrollment

Total # of credits (please circle one): 15 18

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 Shakespeare study abroad program.

_____ I recommend the applicant with respect to character and maturity for admission to the Shakespeare study abroad program.

Faculty Advisor's Signature Date

FOR OFFICE USE ONLY:

Registrar's Office: *The course of study proposed by this student has been pre-approved for transfer to Skidmore College's policies on study abroad.*

Registrar's Signature

Date

Comments:

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STUDY ABROAD APPROVAL FORM FOR NON-SKIDMORE STUDENTS

I. TO BE COMPLETED BY THE APPLICANT

Applicant's Name: _____

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 Shakespeare Programme.

_____ 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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APPLICANT'S 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. 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 response to one sheet of paper.

1. Why do you want to participate in the Shakespeare Programme? 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: _____

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I. TO BE COMPLETED BY THE APPLICANT

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Term Abroad: _____ Phone: _____

Evaluator's Name: _____

Course taken with Evaluator: _____

II. TO BE COMPLETED BY FACULTY MEMBER

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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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