



SHAKESPEARE PROGRAMME **Application Instructions**

SKIDMORE COLLEGE

Off-Campus Study & Exchanges
815 North Broadway, Starbuck Center 202
Saratoga Springs, NY 12866
Tel: 518-580-5355 Fax: 518 580-5359
Email: ocse@skidmore.edu

APPLICATION DEADLINE: **March 15**

Off-Campus Study & Exchanges (OCSE) recommends that you submit your application as early as possible during the semester prior to your desired term abroad.

ELIGIBILITY REQUIREMENTS:

Before you submit your application to please be sure you are familiar with program eligibility requirements and Skidmore's off-campus study policies. You may find them online with OCSE at <http://cms.skidmore.edu/ocse/policies>.

You must also meet the requirements and program prerequisites established specifically for the Shakespeare Programme. Visit the program Web site for details: <http://cms.skidmore.edu/ocse/programs/shakespeare/requirements.cfm>.

INSTRUCTIONS: (*Incomplete applications will **NOT be considered.*)**

- 1) Declare your major.** (*Skidmore students only.*)
- 2) Complete Shakespeare Programme application forms in this packet:**
 - Pages requiring Personal Information, Parent/Guardian Information, and signed statement.**
 - Course Selection form.** Must include advisor's signature.
 - Academic Recommendations:** These should be completed by two different professors. We suggest that at least one of the recommendations be from a member of the faculty in your major department. If you are a theatre major, you may opt to substitute one letter from a theatre professional familiar with your work.
 - Applicant Background Questions and Personal Essay.**
 - Study Abroad Program Approval Form:** (*Non-Skidmore students only.*) To be completed by your dean or director of international programs/study abroad.
 - Study Abroad Payment Agreement Form:** (*Non-Skidmore students only.*) Consult your home school's study abroad office if you have questions about completing this form.
- 3) Attach the following materials:**
 - Responses to Applicant Background questions and Personal Statement.**
 - Résumé:** (*Theatre student only.*) All theatre students must provide a one-page résumé of theatre activities to-date.
 - Degree Audit:** (*Skidmore students only.*) Print from Office of the Registrar's Web site at <http://cms.skidmore.edu/registrar>. Degree audits MUST include major(s).
 - Transcript:** An official transcript must be submitted with the application.
 - GPA or Non-Junior Petition Statement:** (*if applicable*) Applicants whose GPA is less than 3.0 or who will not be a college junior during the program must submit a petition with this application. For guidelines on the petition process, please see the OCSE Web site at <http://cms.skidmore.edu/ocse/policies/petition.cfm>. **NOTE:** Submission of a petition does not guarantee approval.
 - GPA or Non-Junior Letter(s) of Support:** (*if applicable*) Please see guidelines at the Web site referenced above for number of letters required.
 - Photocopy of your passport:** This should be a clear, legible copy of the identification page of your passport that includes your photo. Your passport must be valid for at least six (6) months beyond your anticipated return date (i.e. 6 months after the program ends). If you do not yet have a passport, or if your passport will become invalid within six (6) months of the end of the program, please apply for one or renew immediately. Instructions for passport applications are included in this packet.
 - I.D. Photos:** Four (4) color passport-size and quality photos should be submitted to OCSE with your application. Write your name on the back of each photo.

**** PLEASE TURN OVER ****

- **Application Fee:** Include payment of \$25.00 (checks and money orders must be made payable to "Skidmore College"). Please include your name on the check/money order and add "Shakespeare Programme – Application Fee" on the memo line. Cash payments can be accepted from on-campus applicants only. The fee is non-refundable and cannot be waived. Applications received without payment of this fee cannot be considered for admission.

- ☐ **4) Submit** your Shakespeare Programme application and supporting materials by **March 15** to Off-Campus Study & Exchanges, 202 Starbuck Center. If mailing application, send to:

**Off-Campus Study & Exchanges
c/o Shakespeare Programme
Skidmore College
815 N. Broadway
Saratoga Springs, NY 12866**

ADDITIONAL INFORMATION:

Financial Aid: Non-Skidmore students should check with the financial aid office at their home campus for information. All Skidmore College recipients of financial aid are eligible to use some or all of their aid on an approved program. You are urged to meet with a Financial Aid Representative to understand the implications based on your chosen program. This consultation should take place as soon as possible. If you are a highly aided student, we recommend that this consultation take place as early as possible to assist you in the program selection process.

Further advice: If you need further advice on the application process, please consult with a staff member in Off-Campus Study & Exchanges.

NOTE: Skidmore students are **REQUIRED to attend a MANDATORY pre-departure orientation meeting** in order to participate in this program. Non-Skidmore students are invited and welcome to attend if they are able, but are not required to attend. In lieu of attending, however, non-Skidmore students will have a required telephone meeting to discuss details with OCSE.

Please contact OCSE for the date, time and location of your pre-departure orientation.



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Email: ocse@skidmore.edu

Application Deadline: March 15

Term Abroad: Fall 20_____

NOTE: Incomplete applications will NOT be considered. PLEASE TYPE OR PRINT ALL INFORMATION IN INK.

Please TYPE or PRINT all information in BLUE or BLACK INK only. Do NOT use pencil.

PERSONAL INFORMATION:

Name: _____

E-mail: _____

Alternate e-mail: _____

Campus Address (include mailbox number):

Permanent Address:

Campus Phone: (_____) _____

Permanent Address Phone:

Cell Phone: (_____) _____

(_____) _____

OCSE will distribute my name, address, email address, and telephone number to other program participants. If I do not wish to have my information released I will check the box below.

I do not wish to have my name, address, email address and telephone number shared.

DEMOGRAPHIC INFORMATION

Date of Birth (MM/DD/YYYY): _____

Sex: _____

Are you currently living in on-campus housing? Yes No

Are you a New York state resident? Yes No

Country of Citizenship: United States Canada Other _____

Non-resident alien — If non-resident alien, visa type _____ Lawful permanent resident

Passport Number: _____ Date of Expiration: _____

ACADEMIC INFORMATION:

Skidmore Academic Advisor(s): _____

Major: _____

Second Major: _____

Minor: _____

GPA: _____

College ID#: _____

Current Class Level: FY SO JR SR

Anticipated graduation date Month/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: _____

E-mail: _____

Dear Student:

By signing your name below, you permit Skidmore College's Office of Off-Campus Study & Exchanges 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 Off-Campus Study & Exchanges to release information to the contacts I have indicated above.

Student Signature

Date

SPECIAL NEEDS OR CIRCUMSTANCES

If you have a physical condition for which accessible, on-campus housing or classroom accommodation might be needed; a documented disability which may require academic accommodation (e.g., notetakers, taped texts); a medical condition which might require immediate attention while abroad; or a condition which might affect emotional or mental well-being while abroad, you are encouraged to identify your needs by attaching a separate page indicating the nature and extent of your circumstances and arrangements which are currently being made for you on this campus. Also indicate whether or not we may contact BADA at this time. OCSE does not discriminate on the basis of special needs. Rather, your disclosure at this stage of the application process is invited in order to assist you in identifying a program site that can provide reasonable accommodation of your needs. Following acceptance by your host program, it is your responsibility to consult with your program provider to determine the deadlines by which you must submit written, current, and professionally documented information as required by BADA.

RELEASE OF INFORMATION

The collection, retention, and dissemination of your records and information about you are subject to federal regulation under the Family Education Rights and Privacy Act (FERPA) of 1974. You are responsible for specifying the persons or agents who have access to your records. Therefore, it is necessary that we obtain your permission to request and release information pertinent to your exchange. Please read the following statements and sign below:

By signing your name below, you authorize Skidmore College's Off-Campus Study & Exchanges to have access to information regarding your academic, social, and financial standing. You also authorize Skidmore's Off-Campus Study & Exchanges to share any pertinent information with program providers, 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.

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. I further understand that submitting an application is not a guarantee of application acceptance. Failure to maintain (prior to and during the exchange) all of the eligibility requirements of the program and those of Skidmore College will result in cancellation of participation. Failure to pay all financial obligations to Skidmore College will also result in cancellation of participation. I also understand that until financial obligations are met, Skidmore College and the host program will not report grades or release transcripts; and I will not be permitted to re-enroll at, or graduate from, Skidmore College.

I have read and fully understand Skidmore's information on eligibility, policy, and procedures presented on the OCSE web site.

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.

If accepted for participation in a study abroad program, I agree to adhere to all the rules and regulations of both Skidmore College and the host program. Failure to do so may result in the cancellation of my exchange.

I affirm that all information is complete, accurate, and true to the best of my knowledge. I acknowledge that I am signing freely, voluntarily, and under no compulsion.

I, _____, **have read and understand the above statements.**
(please print name)

Student's Signature

Date



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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. 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.
3. 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?
 - ✓ Are you currently being treated by a psychologist/physician for an emotional, nervous or mental condition?
 - ✓ Do you have any physical or learning disabilities for which you will need special arrangements?

PERSONAL STATEMENT

On a separate sheet of paper, please answer the following questions in essay format. Your response should each be approximately one page in length.

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?

SHAKESPEARE PROGRAMME

Course Selection

Name: _____

Term Abroad: Fall 20____

Instructions

- Discuss your potential course selections with your academic 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.

JSEN 346 Shakespeare: The Tragedies

JSTH 334 Special Studies: Dramatic Criticism

SECTION II: Please select one course from the following choices.

JSTH 234 Theatre and Culture: Modern Theatre History

JSEN 345 Shakespeare: Comedies & Histories

SECTION III: Please select two or three courses from the following options. Use the number "1" to indicate your first choices and the number "2" to indicate alternate choices.

_____ JSTH 231 Directing for the Theatre*

_____ JSTH 303 Acting Styles-Comedy

_____ JSTH 304 Special Studies in Acting: Shakespeare

_____ JSTH 325 Playwriting

_____ JSTH 230 Theatre and Culture
(If not taken in Core)

_____ JSEN 343 Shakespeare's Contemporaries*

_____ JSEN 345 Comedies, Histories and Romances
(If not taken in Core)

_____ JSEN 316 Nineteenth-Century Novel*

* These courses will be offered based upon enrollment

To be completed by applicant's Academic Advisor in major department:

Please check the appropriate box(es):

- 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 benefit from 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.

Academic Advisor's Name – Please Print

Academic Advisor's Signature

Date



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ACADEMIC RECOMMENDATION FORM (I)

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? _____

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

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.

Name of Evaluator (please print): _____

Title: _____ Institution: _____

Office Name: _____

Address: _____

Phone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

**Please return to Off-Campus Study & Exchanges at Skidmore College by:
MARCH 15**



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ACADEMIC RECOMMENDATION FORM (II)

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? _____

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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.

Name of Evaluator (please print): _____

Title: _____ Institution: _____

Office Name: _____

Address: _____

Phone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

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STUDY ABROAD APPROVAL FORM

FOR NON-SKIDMORE STUDENTS ONLY

I. TO BE COMPLETED BY THE APPLICANT

Applicant Name: _____ Class Year: _____
Term Abroad: Fall 20____ Phone: (_____) _____
Home Institution: _____

II. TO BE COMPLETED BY DIRECTOR OF STUDY ABROAD 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 Skidmore 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.
- My institution will not grant credit for coursework completed on the program.

Comments or concerns regarding the applicant:

Please indicate name and address to which **official transcript** should be mailed:

Name (please print): _____ Title: _____

Address: _____

Phone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

Please complete the Payment Agreement Form on the reverse side.



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STUDY ABROAD PAYMENT AGREEMENT FORM

FOR NON-SKIDMORE STUDENTS ONLY

Applicant Name: _____ Class Year: _____

Term Abroad: Academic Year Fall Spring 20_____

Home Institution: _____

Please indicate to whom **program invoice** should be sent and the fees that the party is responsible for:

Student

Social Security Number: _____

Date of Birth: _____

Billing Address: _____

I understand that once I confirm my participation in the program, that I will be responsible for payment of the following program cost(s)* and will make payment as stipulated on the invoice from Skidmore College:

Tuition Room Board Mandatory Program Fees Course Fees Course Overload Fees

Signature: _____ Date: _____

Home institution (Please indicate name and address to which the invoice should be directed):

The person signing below is authorized to assume financial responsibility on behalf of the home institution and agrees to assume liability for the following cost(s)* for the program referenced above:

Tuition Room Board Mandatory Program Fees Course Fees Course Overload Fees

Name (please print): _____ Title: _____

Address: _____

Phone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

**PLEASE RETURN TO THE SKIDMORE COLLEGE OFFICE OF OFF-CAMPUS STUDY & EXCHANGES BY:
March 15**

* In cases of split billing both parties will receive a bill for the entire amount. It will be the responsibility of each to pay their portion of the bill.