

# Sarah Lawrence College in

# *Catania*

## Application Instructions

The Sarah Lawrence College in Catania program is highly selective and the number of students is limited. **The deadline for application is October 15 for spring applicants.** Early notification of acceptance is available; students who need early notification should notify the College at the address below.

Your application has five parts:

- Part I** Basic Application Form
- Part II** Faculty Language Recommendation Form  
(All studies are conducted in Italian)
- Parts IIIA and IIIB** Two Academic Letters of Recommendation from faculty members of your choice  
(and not from the same person who is to fill out the Language Recommendation)
- Part IV** Study Abroad Approval Form
- Part V** Official College Transcript  
(Applicants should arrange to have an official transcript sent to the address below)

All applications must be accompanied by a non-refundable fee of \$40.00.

Please mail your application by **October 15 (spring applicants)** to:

International & Exchange Programs  
Sarah Lawrence College  
1 Mead Way  
Bronxville, New York 10708-5999  
(800) 873-4752



## HOME SCHOOL CONTACT INFORMATION

---

Home school Study Abroad advisor

---

Campus street address

City

State

Zip

---

Telephone

E-mail

**Send bills to:** (Check with Study Abroad advisor)

---

Name

Office

---

Street

City

State

Zip Code

**Send transcripts to:** (Check with Study Abroad advisor)

---

Name

Office

---

Street

City

State

Zip Code

**In case of emergency, contact:**

---

Name

Relationship

---

Street

City

State

Zip Code

---

Home Telephone

Work Telephone

E-mail

How did you hear of this program?

---

---

---

---

---

---

---

---

1. I have studied Italian for \_\_\_\_\_ years: \_\_\_\_\_ in high school and \_\_\_\_\_ in college.

2. Please list below all Italian courses taken in college, including current classes:

| Title | School | Year |
|-------|--------|------|
| <hr/> |        |      |
| <hr/> |        |      |
| <hr/> |        |      |

**PERSONAL STATEMENT**

Please attach a typed statement addressing the following questions:

- What academic reasons drew you to this program and which three areas of study do you plan to concentrate in at the University of Catania and why?
- Does your home institution require you to complete any specific courses while on our program in Catania?
- How will your studies abroad build upon and enhance your studies at your home institution?
- Finally, discuss your personal reasons for choosing Catania as your destination and how you anticipate adjusting to living with an Italian family.



# Sarah Lawrence College in

# Catania

## Language Recommendation

**TO THE APPLICANT:** Please complete the section below before giving it to the faculty member. Choose whether or not to waive your right of access to this letter and have him/her MAIL THE COMPLETED FORM TO US IN A SEALED ENVELOPE.

\_\_\_\_\_  
Last name First name Initial

\_\_\_\_\_  
Telephone E-mail

**Term of Application:** Spring 20\_\_\_\_\_

I do **not** waive my right of access to this recommendation     I do waive my right of access to this recommendation

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

**TO THE FACULTY MEMBER:** The above-named student is applying to the Sarah Lawrence College in Catania program. We ask each applicant to furnish us with letters of recommendation from faculty members with whom they are well acquainted.

We are particularly interested in knowing whether or not the applicant is capable of taking full advantage of the academic aspects of the program and can function in a generally responsible way abroad.

\_\_\_\_\_  
Name of faculty member (please print) Title

\_\_\_\_\_  
Telephone E-mail

What course(s) have you taught this applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of school:

\_\_\_\_\_

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

(Over)

Please rate the applicant on the following characteristics:

|                                       | <b>Excellent</b>         | <b>Good</b>              | <b>Average</b>           | <b>Poor</b>              | <b>Unknown</b>           |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to express self in writing    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to express self verbally      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with a group of peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Common sense and good judgment        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I  would  would **not** enjoy having this student as a member of a group for which I was responsible.

Please explain:

---

---

---

---

---

The candidate will be required to follow lectures at the University of Catania and to comprehend and discuss orally or in writing matters of content, style, and interpretation for Italian instructors of seminars. As students live with families in Catania, the success of the candidate in this program depends not only on a facility for thinking, writing, and speaking in the Italian language, but also on a certain level of maturity. Please give us your comments on the abilities of this candidate in these areas, as well as the results of any significant examinations in Italian.

**APPLICATION DEADLINE: October 15**

**Please return this form to:**

International & Exchange Programs  
Sarah Lawrence College  
1 Mead Way  
Bronxville, New York 10708-5999  
(800) 873-4752



# Sarah Lawrence College in

IIIA

# Catania

## Letter of Recommendation

**TO THE APPLICANT:** Please complete the section below **before** giving it to the faculty member. Choose whether or not to waive your right of access to this letter and have him/her **MAIL THE COMPLETED FORM TO US IN A SEALED ENVELOPE.**

\_\_\_\_\_  
Last name First name Initial

\_\_\_\_\_  
Telephone E-mail

**Term of Application:** Spring 20\_\_\_\_\_

I do not waive my right of access to this recommendation     I do waive my right of access to this recommendation

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

**TO THE FACULTY MEMBER:** The above-named student is applying to the Sarah Lawrence College in Catania program. We ask each applicant to furnish us with letters of recommendation from faculty members with whom they are well acquainted.

We are particularly interested in knowing whether or not the applicant is capable of taking full advantage of the academic aspects of the program and can function in a generally responsible way abroad.

\_\_\_\_\_  
Name of faculty member (please print) Title

\_\_\_\_\_  
Telephone E-mail

What course(s) have you taught this applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of school:

\_\_\_\_\_

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

(Over)

Please rate the applicant on the following characteristics:

|                                       | <b>Excellent</b>         | <b>Good</b>              | <b>Average</b>           | <b>Poor</b>              | <b>Unknown</b>           |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to express self in writing    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to express self verbally      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with a group of peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Common sense and good judgment        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I  would  would **not** enjoy having this student as a member of a group for which I was responsible.

Please explain:

---

---

---

---

---

Please provide us with your candid observations on the academic preparations and personal qualities that the student will bring to a Study Abroad program.

**APPLICATION DEADLINE: October 15**

**Please return this form to:**

International & Exchange Programs  
Sarah Lawrence College  
1 Mead Way  
Bronxville, New York 10708-5999  
(800) 873-4752



# Sarah Lawrence College in

III B

# Catania

## Letter of Recommendation

**TO THE APPLICANT:** Please complete the section below **before** giving it to the faculty member. Choose whether or not to waive your right of access to this letter and have him/her **MAIL THE COMPLETED FORM TO US IN A SEALED ENVELOPE.**

\_\_\_\_\_  
Last name First name Initial

\_\_\_\_\_  
Telephone E-mail

**Term of Application:** Spring 20\_\_\_\_\_

I do not waive my right of access to this recommendation     I do waive my right of access to this recommendation

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

**TO THE FACULTY MEMBER:** The above-named student is applying to the Sarah Lawrence College in Catania program. We ask each applicant to furnish us with letters of recommendation from faculty members with whom they are well acquainted.

We are particularly interested in knowing whether or not the applicant is capable of taking full advantage of the academic aspects of the program and can function in a generally responsible way abroad. Name of faculty member (please print)  
Title

\_\_\_\_\_  
Telephone E-mail

What course(s) have you taught this applicant?

\_\_\_\_\_  
\_\_\_\_\_

Name and address of school:

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

(Over)

Please rate the applicant on the following characteristics:

|                                       | <b>Excellent</b>         | <b>Good</b>              | <b>Average</b>           | <b>Poor</b>              | <b>Unknown</b>           |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to express self in writing    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to express self verbally      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with a group of peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Common sense and good judgment        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I  would  would **not** enjoy having this student as a member of a group for which I was responsible.

Please explain:

---

---

---

---

---

Please provide us with your candid observations on the academic preparations and personal qualities that the student will bring to a Study Abroad program.

**APPLICATION DEADLINE: October 15**

**Please return this form to:**

International & Exchange Programs  
Sarah Lawrence College  
1 Mead Way  
Bronxville, New York 10708-5999  
(800) 873-4752



# Sarah Lawrence College in

# Catania

## Study Abroad Approval Form

**TO THE APPLICANT:** Please complete the section below before giving it to the study abroad advisor or appropriate person at your home school who approves study abroad.

\_\_\_\_\_  
Last name First name Initial

\_\_\_\_\_  
Telephone E-mail

**Term of Application:** Spring 20\_\_\_\_\_

**TO THE COLLEGE OFFICIAL:** The above-named student is applying to the Sarah Lawrence College in Catania program. We are interested in knowing whether or not the applicant is capable of taking full advantage of the academic aspects of the program and can function in a generally responsible way abroad.

\_\_\_\_\_  
Name (Please print) Title

\_\_\_\_\_  
Name and address of school

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone E-mail

To your knowledge, has this student been subject to any disciplinary action while at your institution?  Yes  No

\_\_\_\_\_  
If yes, please explain

Is this student in good academic standing?  Yes  No

\_\_\_\_\_  
If no, please explain

Do you recommend this student?  Yes  Yes with reservations  No

\_\_\_\_\_  
If yes with reservations or no, please explain