



Sarah Lawrence College in  
*Havana*

## Application Instructions

The Sarah Lawrence College in Havana program is highly selective and the number of students is limited. The deadline for application is February 15. 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 and a \$40 non-refundable application fee
- Part II** Faculty Language Recommendation Form  
(All studies are conducted in Spanish)
- Parts IIIA/IIIB** Two Academic Letters of Recommendation from faculty members of your choice  
(not from the same person who completes 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.)

### Please mail your application by February 15 (fall applicants) to:

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



Sarah Lawrence College in *Havana*

Application for Admission

Please type, print, or write legibly.

Male  Female

Name: \_\_\_\_\_ / /  
Last First Middle Date of Birth

\_\_\_\_\_  
Social Security Number Country of birth Country of citizenship

I hereby apply for enrollment as a student in Sarah Lawrence College in Havana for Fall 20 \_\_\_\_.

Personal Data

Present address:

\_\_\_\_\_  
Street City State Zip Code

( )  
Telephone E-mail

\*Home address:

\_\_\_\_\_  
Street City State Zip Code

( )  
Telephone E-mail

\*IMPORTANT: After May 15 (December 1 for Spring applicants), all mail is sent to home address unless otherwise indicated below:

\_\_\_\_\_  
Street City State Zip Code

Home School Contact Information

I am currently enrolled at:

\_\_\_\_\_  
College/University

Home school Study Abroad advisor:

\_\_\_\_\_

Campus address:

\_\_\_\_\_  
Street City State Zip Code

( )  
Telephone E-mail

(over)

**Home School Contact Information** continued

**Send bills to:**

(check with study abroad advisor)

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Name Office

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Street City State Zip Code

**Send transcripts to:**

(check with study abroad advisor)

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Name Office

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Street City State Zip Code

**In case of emergency, contact:**

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Name Office

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Street City State Zip Code

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(     ) (     )

Home Telephone Work Telephone E-mail

**Other Information**

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

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

Title	School	Year

3. You will be enrolling in two elective courses at the University of Havana. In which areas of study do you intend to work during your semester in Havana? Please indicate specific courses or fields of study required, if any, by your home institution during your semester in Havana.

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4. Personal statement (please attach to your application). The Havana program presents challenges both academic and personal. In your essay, please discuss how this program fits with your academic interests as well as how you anticipate adjusting to living abroad.

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The following information is required in order to obtain a visa for entry into Havana. All students must have a valid passport for a minimum of six months beyond your stay in Havana. Please check the expiration date to make sure that it satisfies this requirement.

\_\_\_\_\_  
**Full Name** (as listed in your passport)

\_\_\_\_\_  
/ /

Date of Birth

\_\_\_\_\_  
Country of Birth

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
Passport Number

I agree, if admitted, to conform to the group regulations and all the Sarah Lawrence College requirements and to conduct myself as a responsible representative of my college and my country. I understand that Sarah Lawrence College reserves the right to drop at any time during the academic year any student who does not meet the requirements of academic standards and general behavior and that any student who is dropped or withdraws for any reason is responsible for payment of tuition for the full semester.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Havana

## 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.

**Student Name:**

\_\_\_\_\_

Last

First

Middle

(      )

Telephone

E-mail

Term of Application: Fall 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:** The above-named student is applying to the Sarah Lawrence College in Havana 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.

**Faculty Name:**

\_\_\_\_\_

Last

First

Middle

Title

(      )

Telephone

E-mail

What course(s) have you taught this applicant:

\_\_\_\_\_

**School Information:**

\_\_\_\_\_

Name of School

\_\_\_\_\_

Street

City

State

Zip Code

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:**

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**The candidate will be required to follow lectures at the University of Havana and to comprehend and discuss orally or writing matters of content, style and interpretation for Cuban instructors of seminars. As students live on their own in Havana, the success of the candidate in this program depends not only on a facility for thinking, writing, and speaking in the Spanish 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 Spanish:**

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February 15 (fall applicants)

**Please return this form to:**

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



Sarah Lawrence College in *Havana*

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.

Name: Last First Middle Telephone E-mail

Term of Application: Fall 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: The above-named student is applying to the Sarah Lawrence College in Havana 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.

Faculty Name: Last First Middle Title Telephone E-mail

What course(s) have you taught this applicant:

School Information: Name of School Street City State Zip Code 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:**

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

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IIIb

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.

Name: Last First Middle

( ) Telephone E-mail

Term of Application: Fall 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: The above-named student is applying to the Sarah Lawrence College in Havana 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.

Faculty Name: Last First Middle Title

( ) Telephone E-mail

What course(s) have you taught this applicant:

School Information: Name of School

Street City State Zip Code

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:**

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

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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.

Name:

\_\_\_\_\_

Last

First

Middle

( \_\_\_\_\_ )

Telephone

E-mail

Term of Application: Fall 20 \_\_\_\_\_

To the college official: The above-named student is applying to the Sarah Lawrence College in Havana 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.

School Information:

\_\_\_\_\_

Name

Office

\_\_\_\_\_

Street

City

State

Zip Code

( \_\_\_\_\_ )

Telephone

E-mail

\_\_\_\_\_

Signature

Date

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:

\_\_\_\_\_

\_\_\_\_\_