

Florence

An Academic Program Abroad
in the Arts and Humanities

Application Instructions

The Sarah Lawrence College in Florence program is highly selective and the number of students is limited. **The deadlines for application are October 15 for spring applicants and February 15 for the academic-year and fall program applicants.** Early notification of acceptance is available; students who need early notification should notify the College at the address below.

Your application has six parts:

- Part I** Basic Application Form
- Parts IIA and IIB** Two Academic Letters of Recommendation from faculty members of your choice
- Part III** Academic Interests
- Part IV** Study Abroad Approval Form
- Part V** Official College Transcript
(Applicants should arrange to have an official transcript sent directly to us.)

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

Please mail your application by **October 15** (spring applicants) or by **February 15** (academic-year and fall program applicants) to:

International Programs Office
Sarah Lawrence College
1 Mead Way
Bronxville, New York 10708-5999
TEL: (800) 873-4752 FAX: (914) 395-2666



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E	F1	F2	IL
T	C	UF	D

For office use only

Application for Admission

Please type, print, or write legibly.

Name _____ Date of birth _____ M ___ F ___
Last First Middle

SSN# _____ Country of birth _____ Country of citizenship _____

I am currently enrolled at _____
College/University

I hereby apply for enrollment as a student in Sarah Lawrence College in Florence for the _____ of 20____
Academic Year/Fall/Spring

PERSONAL DATA

Present mailing address Please check if this is a campus an off-campus address

Street City State Zip Code

Telephone _____ E-mail _____
Area Code

*Home mailing address _____
Street

City State Zip Code

Telephone _____ E-mail _____
Area Code

* 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

(Over)

HOME SCHOOL CONTACT INFORMATION

Home school Study Abroad advisor _____

Campus address _____

Street

City

State

Zip Code

Telephone _____ E-mail _____

Area Code

Send bills to: (check with study abroad advisor) _____

Name

Office

Street

City

State

Zip Code

Send transcript to: (check with study abroad advisor) _____

Name

Office

Street

City

State

Zip Code

In case of emergency, contact:

Name _____ Relationship _____

Address _____

Street

City

State

Zip Code

Home telephone _____ Work telephone _____ E-mail _____

Area Code

Area Code

How did you hear of this program? _____

PERSONAL STATEMENT

Please attach a typed statement addressing the following questions:

- What academic reasons drew you to the Florence program and which of the courses we offer are of most interest to you and why?
- Does your home institution require you to complete any specific courses while on our program in Florence?
- How will your studies abroad build upon and enhance your studies at your home institution?
- Finally, discuss your personal reasons for choosing Florence and how you anticipate adjusting to living with an Italian family.

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 year.

Signature _____ Date _____



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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 _____

Telephone _____ Area Code _____ E-mail _____

Term of Application Academic year 20____ -20____ Fall 20____ 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: The above-named student is applying to the Sarah Lawrence College in Florence 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 _____ Area Code _____ 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:

	Excellent	Good	Average	Poor	Unknown
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.

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(800) 873-4752

SARAH
LAWRENCE
COLLEGE
INTERNATIONAL
PROGRAMS

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Name _____

Telephone _____ E-mail _____
Area Code

Term of Application Academic Year 20____ -20____ Fall 20____ 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 _____

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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 _____
Area Code

What course(s) have you taught this applicant _____

Name and address of school _____

Signature _____ Date _____

(Over)

Please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
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"/>

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Academic Interests

Name of candidate _____

1. Please list the areas of study you wish to pursue in Florence. Please indicate any specific courses or fields of study required by your home institution during your year in Florence. All students must enroll in at least one Humanities seminar.

2. Are you interested in taking a course in the Arts? Circle one: Yes No

Course of Interest _____

3. _____ I have not studied Italian before.

_____ I have studied Italian (go on to question 4).

_____ I have not studied Italian formally, but have had some background in the language. (Please describe.):

4. List all courses you have taken in Italian, including the dates of when you took them:

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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

Telephone _____ E-mail _____
Area Code

Term of Application Academic Year 20____-20____ Fall 20____ Spring 20____

TO THE COLLEGE OFFICIAL: The above-named student is applying to the Sarah Lawrence College in Florence 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 _____ Date _____

Telephone _____ E-mail _____
Area Code

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 _____