

SARAH LAWRENCE COLLEGE AT OXFORD

Application Instructions

Sarah Lawrence College at Oxford is highly selective. Juniors and seniors in good academic standing are eligible to participate. The deadline for applications is **February 15**.

Students who need an early acceptance should notify Sarah Lawrence College by telephone or letter, specifying an appropriate date. We cannot guarantee early notification, but will make every effort to comply with the request. Applications will not be processed until complete.

Your application has four parts:

Part I

Basic application form

Part II

SLC Oxford Essay

Parts IIIA and IIIB

Two academic letters of recommendation from faculty members of your choice

Part IV

Study Abroad Approval Form

Part V

Official college transcript

Applicants must arrange to have an official transcript sent directly to Sarah Lawrence at the address below.

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

Please mail your application by February 15 to:

International & Exchange Programs

Sarah Lawrence College

1 Mead Way, Bronxville, New York 10708-5999

(800) 873-4752

E	F1	F2
T	C	D

For office use only

SARAH LAWRENCE COLLEGE AT OXFORD

I

Application For Admission

Please type, print, or write legibly.

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

SSN# _____ City, State, Country of birth _____

Country of citizenship _____

I am currently enrolled at _____
College/University

I hereby apply to enroll as a student in the Oxford program for the academic year 20____ - 20____

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, all mail is sent to home address unless otherwise indicated below:**

Street

City State Zip Code

HOME SCHOOL CONTACT INFORMATION

Home school Study Abroad advisor _____

Campus address _____

Street

City

State

Zip Code

Telephone _____ E-mail _____

Area Code

Send transcripts to: *(check with Study Abroad advisor)* _____

Name

Office

Street

City

State

Zip Code

Send bills 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 _____

Area Code

Area Code

E-mail _____

How did you hear of this program? _____

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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II

SLC Oxford Essay

On a separate page, please give an account of how a year of study at Oxford would fit into your educational plan. You should include:

- a brief description of your academic experience to date
- detailed information on the two main subjects you would like to study at Oxford. If you are pursuing advanced study in a subject, please be sure to describe the course work you have completed in that subject
- a statement on how you anticipate meeting the academic challenges of the tutorial system and how you have prepared to undertake these challenges
- a statement on how you see yourself contributing to the life at Oxford

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IIIA

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 _____ E-mail _____
Area Code

Term of Application Academic year 20____ -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: This student is applying to Sarah Lawrence College at Oxford, a rigorous program that requires a high level of academic work and strong personal qualities of its participants. We ask all applicants 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 _____
Please print Title

What course(s) have you taught this student _____

Name and address of school _____

Office telephone _____ E-mail _____
Area Code

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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February 15

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IIIB

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Telephone _____ Area Code _____ E-mail _____

Term of Application Academic year 20____ -20____

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(Over)

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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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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____

TO THE COLLEGE OFFICIAL: The above-named student is applying to Sarah Lawrence College at Oxford. 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 _____