

T H E LONDON THEATRE

P R O G R A M
of
SARAH LAWRENCE COLLEGE
and the
BRITISH AMERICAN DRAMA ACADEMY

Application Instructions

The London Theatre Program is selective and the number of students is strictly limited. College and university juniors and seniors in good academic standing are eligible to participate. **The deadlines for application are October 15 for spring applicants and March 1 for the full-year program or fall applicants.** Students who need an early acceptance date should notify Sarah Lawrence College at the address below, giving the reason(s) why an exception is requested. Applications will not be processed until complete.

Your application has five parts:

Part I

Basic application form

Parts IIA and IIB

Two letters of recommendation from faculty members of your choice or colleagues (not students) familiar with your work relating to your theatrical experience

Part III

Study Abroad Approval Form

Part IV

Auditions: Students can either audition in person or submit a video audition. Please contact the International Programs Office for audition dates on the Bronxville, NY campus. Video auditions are due October 15 (spring applicants) or March 1 (academic-year/fall applicants).

Part V

Official college transcript

(Applicants should arrange to have an official transcript sent directly to the address below.)

Students wishing to be considered for a scholarship need to attach a letter in support of their request.

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

Please mail your written application by October 15 (spring applicants) or by March 1 (academic-year program or fall applicants) to:

Prema Samuel
Director of International Programs
Sarah Lawrence College
1 Mead Way
Bronxville, New York 10708-5999
(800) 873-4752



PROGRAM
of
SARAH LAWRENCE COLLEGE
and the

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 hereby apply to enroll as a student in The London Theatre program for the _____ of 20____
Academic year, Fall, Spring

I am currently enrolled at _____
College/University

PERSONAL DATA

Present mailing address _____
Street

_____ City State Zip Code

Telephone _____ E-mail _____
Area Code

*Home mailing address _____
Street

_____ City State Zip Code

Telephone number _____ 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 transcripts 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? _____

PERSONAL STATEMENT *(Please attach to your application)*

1) In order to evaluate your application, we need to know more about you—your interests, your acting study and theatre experience, your plans for the future. Please write an essay telling us about yourself. How would you evaluate yourself as an actor? What led to your decision to apply to The London Theatre Program? How does it fit with the work (both theatrical and non-theatrical) you have done up to now? How does it fit with your plans for the future?

I agree, if admitted, to conform to the group regulations and all the Sarah Lawrence College and British American Drama Academy requirements and to conduct myself as a responsible representative of my college and my country. I understand that Sarah Lawrence College and the British American Drama Academy reserve the right to drop any student who does not meet the requirements of work and general behavior, and that any student who is dropped or withdraws for any reason is responsible for payment of tuition.

Signature _____ Date _____



PROGRAM of SARAH LAWRENCE COLLEGE and the BRITISH AMERICAN DRAMA ACADEMY

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 Fall 20____ Spring 20____ 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 The London Theatre Program, sponsored by Sarah Lawrence College and the British American Drama Academy. 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 _____ Area Code _____ E-mail _____

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 theatrical experiences, academic preparations and personal qualities that the student will bring to a Study Abroad program.

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March 1 (academic-year or fall applicants)

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Name _____

Telephone _____ Area Code _____ E-mail _____

Term of Application Fall 20____ Spring 20____ 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 The London Theatre Program, sponsored by Sarah Lawrence College and the British American Drama Academy. We ask all applicants to furnish us with letters of recommendation from faculty members with whom they are well acquainted.

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Name of faculty _____ Please print _____ Title _____

What course(s) have you taught this student _____

Name and address of school _____

Office Telephone _____ Area Code _____ E-mail _____

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(Over)

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	Excellent	Good	Average	Poor	Unknown
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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"/>

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

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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 Area Code E-mail Term of Application Fall 20 Spring 20 Academic Year 20

TO THE COLLEGE OFFICIAL: The above-named student is applying to The London Theatre Program, sponsored by Sarah Lawrence College and the British American Drama Academy. 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 Area Code 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

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Auditions

All students applying to The London Theatre program are asked to audition in person on the Bronxville campus or submit a DVD as a required part of their application. Please contact the International Programs office at 1-800-873-4752 for audition dates on the Bronxville campus. DVDs need not be professionally done, and should run no longer than 10 minutes. The following must be part of your audition:

1. Some words about yourself—who you are, how old you are, what school you attend, when you began studying acting, if you have ever been in London, what you know about The London Theatre Program, why you are applying to the program, and how you heard about the program.
2. A brief monologue from Shakespeare. (approximately 2 minutes)
3. A brief monologue from the modern repertory. (approximately 2 minutes)
4. A song. This should not be a major production number; just have fun with it.

Students applying for the full year or fall semester must submit their audition tapes no later than **March 1**. The deadline for spring applicants is **October 15**.

Please send your DVD to:

**Prema Samuel
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Sarah Lawrence College
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Bronxville, New York 10708-5999
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If you wish to have your DVD returned to you, you must also enclose a self-addressed, padded DVD mailer with adequate postage.