

# Sarah Lawrence College in



## Application Instructions

The Sarah Lawrence College in Paris 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 program or fall 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 French)
- 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)

Students wishing to be considered for a scholarship from the Marguerite Baratin Fund 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 application by **October 15 (spring applicants)**  
or by **February 15 (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



**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 French for \_\_\_\_\_ years: \_\_\_\_\_ in high school and \_\_\_\_\_ in college.

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

<b>Title</b>	<b>School</b>	<b>Year</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. In addition to the mandatory language classes, in which three areas of study do you intend to work during your semester/academic year in Paris? Please indicate specific courses or fields of study required, if any, by your home institution during your period of study in Paris.

4. Personal statement (please attach to your application). The Paris 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.





# Sarah Lawrence College in



## 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 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:** The above-named student is applying to the Sarah Lawrence College in Paris 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:

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

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**Please return this form to:**

Prema Samuel

Director of International Programs

Sarah Lawrence College

1 Mead Way

Bronxville, New York 10708-5999

(800) 873-4752



# Sarah Lawrence College in

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.**

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

\_\_\_\_\_  
Telephone 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:** The above-named student is applying to the Sarah Lawrence College in Paris 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:

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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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# Sarah Lawrence College in

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## Letter of Recommendation

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Telephone E-mail

Term of Application Fall 20\_\_\_\_ Spring 20\_\_\_\_ Academic year 20\_\_\_\_ -20\_\_\_\_

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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:

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# Sarah Lawrence College in



## 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 Fall 20\_\_\_\_\_ Spring 20\_\_\_\_\_ Academic Year 20\_\_\_\_\_

**TO THE COLLEGE OFFICIAL:** The above-named student is applying to the Sarah Lawrence College in Paris 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