VASSAR-WESLEYAN PROGRAM IN

PARIS

APPLICATION FORM FOR NON-WESEYAN STUDENTS

	NG 2018FULL	YEAR 2017-2018
Name: Last	First	Middle
Home Institution	Institutional ID	#SS#
Citizenship	Passport #	Date of Birth
Place of Birth	Class Year	Major (s)
Current Address		
Current Telephone	E-mail:	
Permanent Address		
Home Telephone	Parents' (Guard	ians') Names
Parents' (Guardians') Perman	ent Address(es) (if different fro	om student's)
Parents' (Guardians') Home T	Telephone(s)	
Parents' (Guardians') E-mail(s)	
Preparation in French		
1. Please list the titles and dat are currently taking:	es of all French courses you ha	we taken at the college level, including any you
Please list any other prepar spoken at home):	ration you have had for this ex	perience (e.g. residence in France, French

3. Please list the courses (university courses and seminars) you might like to take on this program:
Fall semester
Spring semester
4. Please attach a 250-word essay in French, written without assistance, explaining why you wish to participate in this program.

The Application Process

Applications must be received by February 15 for the following fall semester and full year, by October 1 for the following spring semester.

A complete application includes:

- 1. Application form
- 2. 250-word essay in French
- 3. Language evaluation form
- 4. Letter of recommendation from a non-language instructor
- 5. A copy of your transcript (not required for Vassar or Wesleyan students)
- 6. A letter of approval of participation from your dean or study abroad advisor (not required for Vassar or Wesleyan students)
- 7. A \$25 application fee (not required for Vassar or Wesleyan students)

Due to inclusion of your Social Security Number in the application, please mail or fax rather than using e-mail.

Wesleyan students send applications to:

Vassar-Wesleyan Program in Paris Office of Study Abroad Wesleyan University 201 Fisk Hall 262 High Street Middletown, CT 06459 Tel: (860) 685-2550

Fax: (860) 685-2551 studyabroad@wesleyan.edu Vassar students send applications to:

Susan Stephens Office of International Programs Vassar College, Box 730 Main Building, N-173 Poughkeepsie, NY 12604-0005 Tel: (845) 437-5260

Fax: (845) 437-7060 sustephens@vassar.edu

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Faculty Language Evaluation

Name of Applicant									
To the applicant: Please give this recommendation form to your current or most recent French teacher.									
To the teacher: The above-named student is applying to the Vassar-Wesleyan Program in Paris. Your honest assessment of the applicant's language proficiency and general aptitude for study abroad will help our selection committee identify those students most likely to have a fruitful and successful experience in Paris.									
1. How long and in what capacity have you known the applicant?									
2. In what course with you is/was the applican	t enrolled?	What i	s/was the	level of	the cour	se?			
3. Please indicate or estimate the applicant's g	rade in th	at course	e:						
A A- B+ B B-	C+	C	C-	D+	D	F			
4. How will the applicant adapt to the challeng	ges of livin	g and st	udying in	France?	•				
Name and title of faculty member									
Name and address of school									
Signature				Date					