

## Sarah Lawrence College in

# Lima

#### **Application Instructions**

The Sarah Lawrence College in Lima, a spring semester program, is highly selective and the number of students is limited. The deadline for the application is **November 1**. 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 and a \$40 non-refundable application fee

Part II Faculty Language Recommendation Form

(All studies are conducted in Spanish)

Parts IIIA/IIIB Two Academic Letters of Recommendation from faculty members of your choice

(not from the same person who completes 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.)

Please mail your application by **November 1** to:

Prema Samuel
Assistant Dean
International & Exchange Programs
Sarah Lawrence College
1 Mead Way
Bronxville, New York 10708-5999
(800) 873-4752



# Sarah Lawrence College in



## **Application for Admission**

Please type, print, or write legibly.				☐ Male ☐ Female		
Name:				/	/	
Last		First	Middle	Date of B	Sirth	
Social Security Number	City, State, Co	ountry of birth		Country	of citizensl	nip
I hereby apply for enrollm	ent as a student in	Sarah Lawrence	e College in Lima	for Spring 20	0	
Personal Data						
Present mailing address: Plea	ase check if this is 🗅 🕻	a campus address	□ an off-campus add	lress		
	Street		City		State	Zip Code
( )						
Present telephone		E-mail				
*Home mailing address:						
	Street		City		State	Zip Code
( )						
( ) Telephone		E-mail				
*IMPORTANT: After December 1, all mail	l is sent to permanent	address unless oth	erwise indicated belo	ow:		
Street		City		State	Zip Code	
Home School Contact	t Information					
I am currently enrolled at:						
	College/Univers	ity				
Home school Study Abroad a	dvisor:					
Campus address:						
	Street		City		State	Zip Code
( )						
Telephone		E-mail				
		(over)				

#### Home School Contact Information continued

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
000.		Sy		o.u.c	2.p 0000
In case of emergence	ry. contact:				
in case of emergent	.y/ comaci:				
Name			Office		
Street		City		State	Zip Code
( )	( )				
Home Telephone	Work Telephone		E-mail		
Other Information					
4.71 1.10 .1	C		1.1 1 1 1		. 11
1. I have studied Spanish	n for years:	years in	high school and	years	in college.
2. Please list below all Sp	panish courses taken in	college, inc	luding current classes	s:	
Title		School			Year

responsible representative of my colleduring the academic year any studen	e group regulations and all the Sarah Lawrence College requirem ege and my country. I understand that Sarah Lawrence College re at who does not meet the requirements of academic standards an a reason is responsible for payment of tuition for the full semester	eserves the right to drop at any time d general behavior and that any student
Country of Citizenship	Passport Number	Expiration Date
Date of Birth	Country of Birth	
Full Name (as listed in your passport)		
passport for a minimum of six satisfies this requirement.	quired in order to obtain a visa once you are in Lima months beyond your stay in Lima. Please check the e	
<ul><li> How this program fits</li><li> What led you to apply</li><li> How you anticipate ad</li></ul>	2 0	
academic and personal. I	se attach to your application). The Lima program n your essay, please discuss the following:	m presents challenges both
which areas of study do y	three elective courses at La Pontificia Universida you intend to work during your semester in Lima f any, by your home insitution during your seme	a? Please indicate specific courses
2 V 11 1 11:	1 . 1	$1 \odot (1) = 11 D (1) (D(1) \odot D(1)$



**Student Name:** 

# 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	First	Middle
( ) Telephone	E-mail	
Тетерпопе	L-Mail	
Term of Application: Spring 20		
☐ I do <i>not</i> waive my right of access	s to this recommendation	
$\ \square$ I do waive my right of access to	this recommendation	
Student Signature		Date
o.o.o.iii o.g.iia.o.o		54.6
<b>To the faculty:</b> The above-named st each applicant to furnish us with lett acquainted.		ence College in Lima program. We ask nembers with whom they are well
We are particularly interested in kr	nowing whether or not the applicar	nt is capable of taking full advantage of
the academic aspects of the program	_	
r	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
Faculty Name:		
Last	First	Middle Title
( )		
Telephone	E-mail	
What course(s) have you taught th	uis applicant:	
what course(s) have you taught th	as apprearie.	
School Information:		
	Name of School	
Street	City	State Zip Code
Signature		Date
Signature	(over)	Dale
	(0001)	

#### Please rate the applicant on the following characteristics:

	Excellent	Good	Average	Poor	Unknown
Ability to express self in writing				٥	
Ability to express self verbally					
Ability to work with a group of peers					
Common sense and good judgment					
I □ would □ would <b>not</b> en	oy having this	student as a mo	ember of a group fo	or which I was 1	esponsible.
Please explain:					
The candidate will be required to comprehend and discuss orally Though students will live with ha facility for thinking, writing, cus your comments on the abiliting in Spanish.	or writing matte ost families in Li ınd speaking the	rs of content, styl ma, the success o Spanish languag	e, and interpretation f the candidate in thi ge, but also on a cert	for Peruvian ins s program deper ain level of matu	tructors of seminars. Ids not only on rity. Please give
Application Deadine:		Pl	ease return this	form to:	
November 1			ema Samuel ternational & Excl	nange Programs	

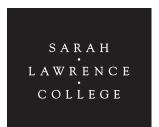
International & Exchange Programs, Sarah Lawrence College, 1 Mead Way, Bronxville, New York 10708-5999 TEL: (800) 873-4752 FAX: (914) 395-2666 www.slc.edu/studyabroad E-mail: slcaway@slc.edu

Sarah Lawrence College

(800) 873-4752

1 Mead Way, Bronxville, New York 10708-5999

Middle



Name:

# Sarah Lawrence College in



#### **Letter of Recommendation**

Last

**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.

First

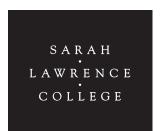
( ) Telephone	E-mail		
Term of Application: Spring 20			
☐ I do <i>not</i> waive my right of access t☐ I do waive my right of access to th			
Student Signature		Date	
Student Signature		Date	
<b>To the faculty:</b> The above-named st We ask each applicant to furnish us are well acquainted.			
We are particularly interested in knothe academic aspects of the program	·		
Faculty Name:			
Last	First	Middle	Title
( )			
Telephone	E-mail		
What course(s) have you taught this	applicant:		
School Information:			
	ne of School		
Street	City	State	Zip Code
Signature		Date	
	(over)		

#### Please rate the applicant on the following characteristics: **Excellent** Good Average Unknown **Poor** Ability to express self in writing Ability to express self verbally Ability to work with a group of peers Common sense and good judgment I 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:

# Application Deadine: November 1

#### Please return this form to:

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



Name:

# Sarah Lawrence College in



#### **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.

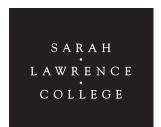
Last	First	Middle
( )		
Telephone	E-mail	
Term of Application: Spring 20 _		
☐ I do <b>not</b> waive my right of access	to this recommendation	
☐ I do waive my right of access to t		
Student Signature		Date
To the faculty: The above-named	student is applying to the Sarah La	wrence College in Lima program.
-		om faculty members with whom they
We are particularly interested in kn the academic aspects of the program		t is capable of taking full advantage of esponsible way abroad.
Faculty Name:		
Last	First	Middle Title
()		
Telephone	E-mail	
What course(s) have you taught thi	is applicant:	
School Information:		
	ame of School	
Street	City	State Zip Code
Signature		Date
	(over)	

#### Please rate the applicant on the following characteristics: **Excellent** Good Average Unknown Poor Ability to express self in writing Ability to express self verbally Ability to work with a group of peers Common sense and good judgment I 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:

# Application Deadine: November 1

#### Please return this form to:

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



# 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.

Name:					
Last		First	Middle		
( )					
Telephone		E-mail			
Term of Application:	Spring 20				
To the college official:	The above-named st	udent is applyir	g to the Sarah Lawr	ence Col	ege in Lima
program. We are interest		= = :	_		_
the academic aspects of t	_	_		_	_
the deddenine dopeets of	ine program and ear	ranction in a g	cricially reopolisiste v	vay acroa	<b></b>
al life of .					
School Information:	Name		Office		
Street		City		State	Zip Code
Telephone		E-mail			
Signature				Date	
To your knowledge, has to ☐ Yes ☐ No If yes, pl		ect to any disci	plinary action while	at your ir	nstitution?
Is this student in good ac	cademic standing? C	Yes No	If no, please explain:	:	
Do you recommend this If yes, with reservations;			vations 🛚 No		