

SWARTHMORE PROGRAM IN GRENOBLE

Application for Admission

Please return this section of the application along with the application fee of \$30.00. Please make check payable to Grenoble Program.

I am an applicant for the _____ Fall
_____ Spring
_____ Full Year

Name (please print) _____

Social Security Number _____

Date of Birth _____ Place of Birth _____ Sex _____

Citizenship _____ College or University _____

Student's College Address _____

E-mail Address _____

Telephone _____

Parent's or Guardian's Names _____

Address _____

Telephone _____

(please include area code)

Student's Home Address _____

(if different from above) _____

Telephone _____

(please include area code)

Name of Secondary School _____

Number of years of French in Secondary School _____

Present College Class _____ Major Subjects _____

French Courses taken in College _____

Major interest in College _____

Area of studies you would like to pursue in Grenoble _____

Previous foreign travel or study _____

Each student should consult with his or her Dean and Departments to make sure that credit will be granted for work done under the auspices of the Swarthmore Program in Grenoble.

Swarthmore Program in Grenoble

Please provide the following:

1. A one-page typewritten statement explaining:
 - a) why you wish to participate in the Grenoble program, and
 - b) how your participation relates to your current and proposed academic program.
2. A copy of your transcript.
3. A letter of recommendation from the Dean of your college. Please use the attached form.
4. A letter of recommendation from your present French instructor. If you are not enrolled in a French course, this letter should come from the instructor of your most recent French course.
5. A letter of recommendation from an instructor in your major field. If you are a sophomore and do not yet have a major, you may submit one of the following:
 - a) a letter from a professor in your major field, or
 - b) a letter from your faculty advisor.
6. Physician's Statement/Medical Insurance Information.
7. Parent's or Guardian's Statement.
8. Non-refundable application fee of \$30.00.

Applications are due no later than March 15th for the fall semester and October 15th for the spring semester. Please send the completed application form, the above listed documents and application fee to:

Director, Swarthmore Program in Grenoble
Department of Modern Languages and Literatures
Swarthmore College
500 College Avenue
Swarthmore, PA 19081-1390

Swarthmore Program in Grenoble

DEAN'S REPORT

Name of Student _____
Semester/Year of Swarthmore Program in Grenoble _____

To the Dean: The student named above is applying for the Swarthmore College Program in Grenoble, France. The student is expected to take a full academic program and become involved in French culture. The student will live in a private home.

To your knowledge:

- (1) Has the student been on probation? () Yes () No
If YES, please comment in (5)
- (2) Has this student been subject to any disciplinary action? () Yes () No
If YES, please comment in (5).
- (3) Have you any reason for lack of confidence in the student? () Yes () No
If YES, please comment in (5).
- (4) Has the student shown satisfactory adjustment to college life in general?
() Yes () No
If NO, please comment in (5).
- (5) We would appreciate your evaluation of the student's ability to function in a foreign culture and to grow personally from the experience. Please feel free to use a separate sheet if it is more convenient for you or if you need more space.

I certify that the credits received in the Swarthmore College Grenoble Program by this student will be accepted by this institution, providing the student passes the courses with a grade of _____ or better (please fill in the acceptable grade).

Signature of College Dean _____

College _____ Date _____

Swarthmore Program in Grenoble

MEDICAL INSURANCE

All students are required to be enrolled in a plan for accident and health insurance while abroad.

Your insurer is fully responsible for any medical situation and its expenses while in France. The Swarthmore Program in Grenoble does not provide coverage.

- Name of Individual/Family Health Plan _____
- Policy Number of Individual/Family Health Plan _____
- Type of Coverage _____

Signature of Parent or Guardian

Date

PHYSICIAN'S STATEMENT

I have examined _____ and believe him/her to be in good mental and physical health, capable of staying and traveling abroad for an extended period of time.

Qualifications and/or comments to this statement:

Name _____
Title _____
Address _____

Signature _____ Date _____

Swarthmore Program in Grenoble

PARENT'S OR GUARDIAN'S STATEMENT

_____ has my permission to become a member of the Swarthmore Program in Grenoble, France for Fall 20___ and/or Spring 20___. I agree to meet the applicant's expenses for that period.

Signature _____ Date _____

Relationship to Candidate _____

Address _____
(Street)

(City) (State) (Zip Code)

E-mail _____

Telephone: Home _____ Office _____
(Please include area code)