Lewis & Clark College in France

Note: Please note that if you are not enrolled as a full-time student at Lewis & Clark College you will be issued a transcript by the French non-profit educational association Lewis & Clark College in France, and not by Lewis & Clark College.

Please print, complete and mail this form to the address below.

Application Check List

To complete your application, this checklist has been prepared for your convenience.

Complete Application Materials

- ☐ Form 1: Application for study
- ☐ Form 2: Personal essay
- ☐ Form 3: Reference
- ☐ Form 4: Reference
- ☐ Form 5: Reference – International Studies Director
- ☐ Official transcripts with seals from each college or university attended.

Lewis & Clark College in France

FORM 1: Application for Study

Program	Year	Session	Site
STRASBOURG			
☐	2017	Fall - Sept.-Dec.	Strasbourg Study Center
☐	2017-18	Full year	Strasbourg Study Center
☐	2018	Spring - Jan.-June	Strasbourg Study Center

General Applicant Information:

Full Name with Middle Initial: _____

US Social Security Number: _____

Date of Birth: _____

Local/School Address:

_____

_____

_____

Local/School Telephone _____

Local/School e-mail: _____

Valid from – until: _____

Permanent Address:

_____

_____

Telephone: _____

E-mail: _____

Valid from – until: _____

Country of citizenship: _____

Passport number: _____

Institution of Current Enrollment:

_____

Cumulative GPA: _____

Current Enrollment Status ☐ Sophomore ☐ Junior ☒ Senior ☐ Graduate ☐ Other

Major Field(s): _____

Ability in spoken French Language ☒ Elementary ☐ Intermediate ☐ Advanced

Ability in written French Language ☒ Elementary ☐ Intermediate ☐ Advanced

Other language(s): ☒ Elementary ☐ Intermediate ☐ Advanced

Have you ever been placed on academic or

Disciplinary probation? ☐ Yes ☐ No
If yes, please enclose an explanation.

_____

How did you hear about Lewis & Clark College in France?

Do you plan to apply to other study abroad programs?

If so, please list:

Billing Information

Are you planning to apply for financial aid at your institution?

Who should receive invoices and payment information?
☐ Father/mother/guardian
☐ Person indicated below
☐ School

Full Name: _____

Phone Number: _____

Address: _____

Family Contact Information

Emergency Contact Name, relationship
_____

Emergency Contact Phone: _____

Emergency Contact Address: _____

Father's Name: _____

Address: _____

Home and Work Telephone:
_____

Mother's Name: _____

Address: _____

Mother's Home and Work Telephone: _____

University Contact Information:

Study Abroad Advisor or Director (Full name, title, institution, department):
_____

_____

Address:
_____

Email: _____

Office telephone: _____

Reference 1:

Full name, title, institution, department:
_____

_____

Telephone: _____

Email: _____

Reference 2:

Full name, title, institution, department
_____

_____

Telephone: _____

Email: _____

I agree to the release of my name and contact information to my fellow program participants, so that we may contact each other before the program begins. I authorize ***Lewis & Clark College in France*** *to send pre-departure and program materials to my parents/guardian or other person at my permanent address and to contact the person I note on this form in the case of emergency. I have been in contact with my home institution's study abroad office (or the appropriate office on campus, if there is no study abroad office), and I am aware of the relevant policies and procedures concerning credit transfer, financial aid, withdrawal and/or re-admission and required predeparture or re-entry workshops, where applicable.*

Signature: _____ Date: _____

Return to:
Admissions
Lewis & Clark College in France
33, rue de Zurich
67000 STRASBOURG
FRANCE

Or by email:
Subject: admissions – your name
Email address: bethkzehr@hotmail.com

Lewis & Clark College in France

FORM 2: Personal Essay

In a brief essay, create a statement of purpose, showing evidence of your ability to adapt to different settings and expectations. In addition, describe your academic and career goals, indicating how studying in France with LCCF will contribute to your objectives.

Return to:

Lewis & Clark College in France
Admissions
33, rue de Zurich
67000 STRASBOURG
FRANCE

Tel: 011 333 88 37 31 81
Email address: bethkzehr@hotmail.com
Fax: 011 333 83 30 01 64

Lewis & Clark College in France

FORM 3: Reference

To the applicant:
All LCCF applicants must have two references to support consideration for admission. One reference must be from an academic advisor or French professor. A second reference may be from a professor, employer, or volunteer supervisor.

Full Name with Middle Initial: _____

Local School Address: _____

Local School Telephone: _____

Local School Email: _____

Under Section 438, General Education Provisions Act (Public Law 90-247), you have the right to review materials submitted to LCCF in connection with your application. The law also allows you to waive this right if you so choose with the understanding that confidential recommendations are not required in the admission process. Please check one of the following and sign:

☐ I do not waive my right of access to this recommendation.

☐ I waive my right of access to this recommendation.

If you waive the right of access to your recommendation, please give each Recommender an international airmail stamped envelope addressed to:

Lewis & Clark College in France
33, rue de Zurich
67000 Strasbourg
France

To the Recommender:

	Excellent	Good	Average	Poor	Unknown
Writing ability	☐	☐	☐	☐	☐
Spoken expression	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐
Ability to cope with ambiquity	☐	☐	☐	☐	☐
Ability for team work	☐	☐	☐	☐	☐

In what capacity and for how long have you known the applicant?

What are the applicant's intellectual strengths and weaknesses?

In your opinion, does this applicant have a clear motivation for studying in France?

On a separate sheet of paper, please feel free to comment further.

Name: _____

Title: _____

Institution and Department: _____

Address: _____

Telephone: _____

Email: _____

Signature and date: _____

☐ **Lewis & Clark College in France**
33, rue de Zurich
67000 Strasbourg
France

Tel: 011 333 88 37 31 81
Email: bethkzehr@hotmail.com
Fax: 011 333 83 30 01 64

☐ OR attach this form to the rest of your study abroad application and give to your on-campus study abroad director at your home institution.

Lewis & Clark College in France

FORM 4: Reference

To the applicant:
All LCCF applicants must have two references to support consideration for admission. One reference must be from an academic advisor or French professor. A second reference may be from a professor, employer, or volunteer supervisor.

Full Name with Middle Initial: _____

Local School Address: _____

Local School Telephone: _____

Local School Email: _____

Under Section 438, General Education Provisions Act (Public Law 90-247), you have the right to review materials submitted to LCCF in connection with your application. The law also allows you to waive this right if you so choose with the understanding that confidential recommendations are not required in the admission process. Please check one of the following and sign:

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33, rue de Zurich
67000 Strasbourg
France

To the Recommender:

	Excellent	Good	Average	Poor	Unknown
Writing ability	☐	☐	☐	☐	☐
Spoken expression	☐	☐	☐	☐	☐
Initiative	☐	☐	☐	☐	☐
Ability to cope with ambiquity	☐	☐	☐	☐	☐
Ability for team work	☐	☐	☐	☐	☐

In what capacity and for how long have you known the applicant?

What are the applicants intellectual strengths and weaknesses?

In your opinion, does this applicant have a clear motivation for studying in France?

On a separate sheet of paper, please feel free to comment further.

Name: _____

Title: _____

Institution and Department: _____

Address:
_____

Telephone:
_____

Email:
_____

Signature and date: _____

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Fax: 011 333 83 30 01 64

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FORM 5: Reference – International Studies Director

Student Section:

Please complete, sign, and return this form after receiving the appropriate signature below.

Full Name: _____

Home Institution: _____

I understand the credit transfer policy of my home institution.

Student Signature: _____ Date: _____

International Studies Director Section:

Please complete and sign the following:

I recommend the applicant for admission to the LCCF program. It is also understood that in recommending this student for the program, I

- ☐ Approve the plan of study and consider the work creditable toward our degree
- ☐ Will consider the work for credit upon the student's successful completion of the program and return to the home institution.

Name: _____ Title: _____

Telephone: _____ Email: _____

Signature and date: _____

Return to:

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