

# **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			
	2018	Fall - Sept.-Dec.	Strasbourg Study Center
	2018-19	Full year	Strasbourg Study Center
	2019	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      ☐ Elementary      ☐ Intermediate      ☐ Advanced  
Language

Ability in written French      ☐ Elementary      ☐ Intermediate      ☐ Advanced  
Language

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

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Emergency Contact Phone: 

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Emergency Contact Address: 

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Father's Name: 

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Address: 

---

Home and Work Telephone:

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Mother's Name: 

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Address: 

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Mother's Home and Work Telephone: 

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## University Contact Information:

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

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Address:

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Email: \_\_\_\_\_

Office telephone: \_\_\_\_\_

### Reference 1:

Full name, title, institution, department:

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Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Reference 2:

Full name, title, institution, department

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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](mailto: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:

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>	<u>Unknown</u>
<b>Writing ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Spoken expression</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to cope with ambiguity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability for team work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**  
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**France**

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☐ 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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France**

## To the Recommender:

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>	<u>Unknown</u>
<b>Writing ability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Spoken expression</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability to cope with ambiguity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ability for team work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

Return to:  
**Lewis & Clark College in France**  
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# Lewis & Clark College in France

## 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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