APPLICATION INSTRUCTIONS FOR
SEWANEE FALL SEMESTER IN PARIS

The application for Sewanee Fall Semester in Paris is a **TWO PART** process.

- **PART ONE** of the process requires completing **ALL** elements of the downloadable application form for Sewanee Fall Semester in Paris.

- **PART TWO** consists of completing a detailed housing questionnaire. **PART TWO cannot be downloaded, but instead will be mailed to you after your application has been processed.**

**PART ONE** must be received on or before:

| FEBRUARY 1 – Application deadline for full consideration for Fall semester |

at the address below:

| Professor Donald Rung  
Department of French & French Studies  
The University of the South  
735 University Avenue  
Sewanee, TN 37383-1000  
email: drung@sewanee.edu / tel.: 931/598-1521 |

In order to be processed, the following **REQUIRED** documents must be submitted by February 1 with a $1,000 Enrollment Deposit and 2 passport-size, professional-quality photos (with white background):

**PART Ia Program Choice and Personal Data** including Parent or Guardian contact information

**PART Ib Academic Record**

**PART Ic University Approval: Assessment of Academic Preparedness**

**PART Id Health History**

**COMPLETE OFFICIAL TRANSCRIPT** of your academic record through the last completed semester (with a minimum of 3 semesters)

**ONE LETTER OF RECOMMENDATION** from a French professor who knows you and has taught you

**DOWNLOAD ALL APPLICATION DOCUMENTS HERE AT THE DEPARTMENT OF FRENCH & FRENCH STUDIES WEBSITE AND SEE THAT ALL 8 PAGES ARE FILLED IN APPROPRIATELY**
APPLICATION FOR
SEWANEE FALL SEMESTER IN PARIS
(Please make a copy of this application for your records)

(PART Ia) PROGRAM CHOICE & PERSONAL DATA

Academic Year: 20........ - 20.........
Residency Period: Fall semester

Note: Please include with your application a $1,000 deposit check payable to The University of the South.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Date of Birth</th>
<th>Day/month/year</th>
</tr>
</thead>
</table>

Exact Place of Birth
City: State/Country: Citizenship

Male or Female
Social Security #: Passport Number

Place of issue
Passport Exp. Date

Home address
City

State
Zip Code

Home Phone

Campus Address

City
State
Zip Code

Campus or cell phone
E-mail Address (please write clearly)

AFTER MAY 15th for Fall enrollment, all mail will be sent to your home address unless otherwise indicated.

Parent or Guardian Name:
Address

Phone
Email

How did you hear about this program?

Please list a contact person in case of emergency:

Name of Contact
Phone
Name of Contact
Phone

WORK EXPERIENCE

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<tr>
<th>DATES</th>
<th>DATES</th>
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1. Current:
2. 
3. 
EDUCATION

High School: Institution_________________ Date of Graduation:______________________________

List Universities, Colleges, Specialized Schools attended: Dates
1. ___________________ 20__ - 20__
2. ___________________ 20__ - 20__
3. ___________________ 20__ - 20__
4. ___________________ 20__ - 20__

What are your future career plans?

BACKGROUND IN FRENCH LANGUAGE

1. How many years have you studied French? in High School:_____ In College:_____ Total_____

2. Speak frankly (in English or French) about your abilities in French: (Please answer all questions using an extra sheet of paper, if necessary.)

READING:

WRITING:

SPEAKING:

CONVERSING ON GENERAL TOPICS:

UNDERSTANDING A LECTURE:
**SEWANEE FALL SEMESTER IN PARIS**

**(PART Ib cont.) ACADEMIC RECORD**

**NAME OF STUDENT**

<table>
<thead>
<tr>
<th><strong>BACKGROUND IN FRENCH LANGUAGE</strong></th>
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</thead>
<tbody>
<tr>
<td>3. If you have already studied or lived abroad, explain where you studied, when, for how long, and under what circumstances (study program, exchange program, etc.):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4. Which courses are you taking this semester at your college?</td>
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</table>

<table>
<thead>
<tr>
<th><strong>EXTRACURRICULAR BACKGROUND</strong></th>
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<tbody>
<tr>
<td>To help us get to know you a little better, please describe in the space below (or on a separate sheet of paper): yourself, your personality, your own family, interest in current events, previous travel experience, artistic talents, your chief extra-curricular interests (sports, photography theatre, art, politics, dance etc... and any other helpful comments.</td>
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<tr>
<th><strong>ESSAY</strong></th>
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<tr>
<td>On a separate page, please describe your reasons for applying to this program. List the the goals and expectations you have in mind to achieve during your semester abroad with Sewanee in Paris.</td>
</tr>
<tr>
<td>• This essay should be one full page in length.</td>
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<tr>
<td>• An Additional half-page summary of your essay in FRENCH is required.</td>
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SEWANEE FALL SEMESTER IN PARIS
(PART Ic) UNIVERSITY APPROVAL FORM

FOR SEWANEE PROFESSORS, ADVISORS, ADMINISTRATORS, AND STUDENTS

Please **read carefully** before filling out the attached University Approval form.

**SEWANEE FALL SEMESTER IN PARIS**, a study abroad program sponsored by the University of the South, consists of four full courses: Fren 322, "Langue, Littérature, Culture" in Paris; Advanced French Language and Oral Expression in Paris; Contemporary France; and 19th-Century French Painting and Sculpture in Paris; see the online presentation: (www.sewanee.edu/academics/french/sewanee-fall-semester-in-paris/)

Advanced students having already completed coursework, at the time of application, at Sewanee’s FREN 400 level may be able to take a course offered by selected institutions within the University of Paris system as well as by other French schools of higher learning. Any advanced student interested in exploring the option of taking such a course should discuss the matter carefully with appropriate members of Sewanee’s Department of French & French Studies

This form, along with all others of the application packet, must be submitted to Professor Rung of Sewanee’s Department of French & French Studies by **February 1**.

WE (Name of University) __________________________________________________________

hereby authorize ________________________________________________________________

Student’s name (last - first)

Current status: Sophomore: ____________  Junior ______________  Senior ______________

MAJOR __________________________________________ MINOR _______________________

to enroll in the Fall 20...... SEWANEE FALL SEMESTER IN PARIS program.

**TO THE DIRECTOR OF STUDY ABROAD AND/OR DEAN**

Is the student a full-time undergraduate at your college/university? ______________________

Is the student in good academic and social standing? ________________________________

Is the student, or has the student ever been on academic probation? _________________

Has the student been involved in a disciplinary problem while enrolled at your institution? ________________

If yes, please explain: ____________________________________________________________

Does the student have your approval to study abroad? ______________________________

If conditional, please explain: ____________________________________________________

**UNIVERSITY REQUIREMENTS AND SIGNATURES**

Total number of semester hours expected of Sewanee students studying abroad: __16________

The applicant’s plan for study abroad must be approved by:

**Director of Study Abroad** (please PRINT name and title) __________________________

Date__________________________  Signature ________________________________

**Departmental Chairperson or Academic Advisor in student’s major area** (please PRINT name and title)

__________________________________________________________

Date__________________________  Signature ________________________________

**Student’s signature** ____________________________  Date __________________________
Sound physical and emotional health is an all-important factor in study abroad.

<table>
<thead>
<tr>
<th>HEALTH HISTORY</th>
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</thead>
<tbody>
<tr>
<td>1. <strong>What is the general state of your health?</strong></td>
</tr>
<tr>
<td>2. <strong>List all medications you take regularly and will bring with you to France:</strong></td>
</tr>
<tr>
<td>3. <strong>Will you need to refill your prescription(s) while you’re in France?</strong></td>
</tr>
<tr>
<td>4. <strong>Do you have any limitation on your physical activity which might restrict your participation in any of the activities organized by Sewanee? If yes, please describe</strong></td>
</tr>
<tr>
<td>5. <strong>Do you have any mental or emotional problems requiring periodic care or treatment? If yes, please explain.</strong></td>
</tr>
</tbody>
</table>

This information is requested in case it becomes necessary while the student is attending the program. Every reasonable effort will be made to keep such information confidential.

- CONFIDENTIAL -
SEWANEE FALL SEMESTER IN PARIS
FRENCH PROFESSOR’S RECOMMENDATION

Name of student: ____________________________________________________________

TO THE STUDENT:
Please sign the authorization below and give this recommendation form to a French professor who knows you and has taught you.

I hereby authorize ___________________________________________ to complete this form. Under the provision of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this recommendation and understand that the information provided will be used only for the purpose for which it was prepared.

_________________________________________       ________________
Student’s Signature                                       Date

TO THE FRENCH PROFESSOR:
The student named above has applied to the Sewanee Fall Semester in Paris program. Please give your confidential assessment of his/her qualifications and suitability for such a program. Complete the form and return it to:

Professor Donald Rung
Department of French & French Studies
The University of the South
735 University Avenue
Sewanee, Tennessee 37383-1000

email: drung@sewanee.edu

1. How long have you known the applicant? ______________________________________________________

2. In what capacity? _________________________________________________________________________

3. In terms of intellectual qualities and capabilities, how would you rate this applicant compared with other students you are teaching? (Please circle one)
   a. In the top 5%
   b. In the top 10%
   c. In the top 20%
   d. In the top 25%
   e. Other

4. Is the applicant capable of following a lecture in basic French? ___________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

5. Is the applicant able to express his/her needs and ideas in French? ______________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________
SEWANEE FALL SEMESTER IN PARIS
FRENCH PROFESSOR’S RECOMMENDATION

Name of student: ________________________________________________________________

6. Please report any particular strengths and weaknesses, or any aspect of the applicant’s character or personality, that might affect his/her success on an international study program.

This student is ___ recommended without reservation, ___ recommended with reservation, ___ not recommended.

Signature: ___________________________________________ Date:_____________________________

Please print name and position:____________________________________________________________________