

## Preparing your application

**Application form** Complete the application form pages 1A -3A , sign and date it and send it by mail, Internet or fax, with your personal statement, and any other document you wish to attach that you feel is relevant to your application to Matthew Delabre—see address below.

**Choice of Courses for Fall and Spring semester programs** You are required to select the core course and two elective courses. Please tick the courses you wish to enroll in. Indicate your first choices and an alternative 1 and 2 in case your first choices are not available.

**Personal statement** The personal statement assists the admissions committee to get to know you better. Write about why you wish to spend a semester(s) abroad - and why in Paris? What are your objectives after graduation? This should be brief - no more than one page. Attach this to your application.

**Transcripts** We must receive official transcripts from the college where you are currently pursuing your degree. These must show credits and grades for all courses taken to date. Transfer students must submit official transcripts from each institute attended.

**Test of English Score:** All applicants whose mother tongue is not English are required to take a test of English: TOEFL (Test of English as a Foreign Language), or IELTS (International English Language Testing System). Exceptions may be made for applicants studying in a university where the language of instruction is English. You will find information about TOEFL test centers and dates on [www.gre.org](http://www.gre.org) and IELTS test centers and dates on [http://www.ielts.org/test\\_takers\\_information.aspx](http://www.ielts.org/test_takers_information.aspx). Arrange to take the test in plenty of time so we will receive the score before the deadline for applications. The score will be sent directly from the testing agency to AGS. The AGS institution code is **0230**. Scores required on the TOEFL are a minimum score of 76 on the Internet-based test; 543 on the paper-based test, 207 on the computer-based test; and on the IELTS the minimum score is 6.0.

**Application fee** The application fee of €50 should be paid online at <http://www.ags.edu/payment/login.php>  
Your application will not be processed until the application fee has been received.

**Documents in a language other than English** must be accompanied by certified translations. Notarized translations alone will not be accepted, as translations do not replace original documents. Both originals and translations must be received in order for an application to be processed.

**Academic Recommendation** Complete page 1R of this document and give it along with 2R of this document for completion by a faculty referee who is familiar with your performance in the classroom; to be completed and sent to AGS with a sealed letter of recommendation. So be sure to give him/her the mailing address of AGS. Letters should be written on headed paper. We will accept a letter of recommendation by email, as long as the original is then mailed to us. Also let the referee know when you are submitting your application and ask him/ her to send it as close to that date as they can. Give the name of your referee on the application form.

**Approval of Study from your home institution** Complete page 1H of this document. Then give page 1H and 2H to the person at your home institution responsible for approving your study abroad program to be completed and sent to AGS.

**Passport** Please include with your application materials a photocopy of the photo page of your passport.

**Please Note** *No document or fee received by AGS will be returned to the applicant.*

*Applications will only be processed when all documentation has been received, and the application fee paid.*

### TRANSFERRING CREDITS TO YOUR HOME UNIVERSITY

Transferring credits into other educational systems are at the discretion of the student's home institution. It is your responsibility to check with your home institution that they will transfer credits for this study abroad program at the American Graduate School in Paris to your undergraduate degree. If your home institution would like you to receive U.S. accredited credits for this program then these credits will be issued by Arcadia University, Pennsylvania, USA.

**Credit Policy** Students can earn 16 credits per semester toward an undergraduate degree according to the American credit system. Note A: dedicated counselor at the American Graduate School in Paris is available to assist international students in the transfer approval process at their home institution. Credit breakdown according to the US credit system is as follows:

- 6 credits for the core seminar
- 3 credits for each of the two electives (graduate-level courses count as an elective, if applicable)
- 4 credits for the French language courses

### SEND YOUR APPLICATION TO :

Mr James Ocran  
Admissions,  
School of International Relations and Diplomacy,  
American Graduate School in Paris  
101 boulevard Raspail,  
75006 Paris,  
France

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**ARCADIA**  
UNIVERSITY  
SINCE 1853

## Application for study abroad

**PROGRAMS** (PLEASE CHECK WHICH PROGRAM YOU ARE APPLYING TO)

- Fall semester: International Relations, Politics, and Business with a focus on France, intensive French.  
 Spring semester: International Relations, Politics, and Business with a focus on the European Union, intensive French.  
 Summer Program: Politics, History and Diplomacy of France and the European Union, intensive French.

**PERSONAL DATA**

Family/Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(dd/mm/yy)

Passport number: \_\_\_\_\_ Country of issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Address to which you wish mail to be sent during the application process. Give limit of validity if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent address:  
(if different from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent email address: \_\_\_\_\_

Permanent Telephone (home) \_\_\_\_\_

If you prefer us to contact you on your cell phone, give the number here \_\_\_\_\_

Mother tongue: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

List any other languages you speak: \_\_\_\_\_

**ACADEMIC BACKGROUND**

Current Institution (Name, Country): \_\_\_\_\_

Degree program and major: \_\_\_\_\_

Check the year you are in now in your current program:  Year 1  Year 2  Year 3  Year 4

**RECOMMENDATION**

Give here the name, position and email address of the professor whom you have contacted to write a letter of recommendation.

Name: \_\_\_\_\_

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

**How did you first learn about this program at the American Graduate School in Paris?**

- Student  Brochure  Alliance Française  
 Advisor/professor  Online Search Engine  Other

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### Information about parents or guardians.

*It is our normal practice to share information with parents (or guardians) listed in this section. If you do not wish this to happen please indicate by checking the box below the address.*

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work phone Number: \_\_\_\_\_ Work phone Number: \_\_\_\_\_

Cell phone Number: \_\_\_\_\_ Cell phone Number: \_\_\_\_\_

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

Do not contact

Do not contact

Who should be notified in case of an emergency?  Mother  Father  Other\*

Who should receive billing statements?  Mother  Father  Other\*

\*If you have checked 'Other' for either of the previous questions, please complete the following to be used for a) Emergency b) Billing.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Special Needs Information

Please complete this section. This information will be kept confidential. Indicating your special needs allows us to make arrangements that will best serve you. It does not affect your eligibility for admission. If you answer 'Yes' to any of these questions, please attach a separate page describing the condition and the treatment you receive.

Are you currently under medical treatment for any reason?  Yes  No

Are you currently under the care of a professional for a psychological emotional disorder?  Yes  No

Do you have allergies, dietary restrictions, or physical or learning disabilities of which we should be aware?

Yes  No

If you answered yes to any of the above, please explain: \_\_\_\_\_

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## Personal Statement

The personal statement assists the admissions committee to get to know you better. Write about why you wish to spend a semester(s) abroad - and why in Paris? What are your objectives after graduation? This should be brief - no more than one page. Attach this to your application.

## Course Choices for Fall and Spring Semester Programs Only

### Student Information

Name (please print): \_\_\_\_\_

*First Middle Last*

Current Institution: \_\_\_\_\_

Semester(s) applied for:  Fall  Spring Year \_\_\_\_\_  
 Summer Year: \_\_\_\_\_

**Course Choices for semester programs** Please note that depending on enrollment, course offerings cannot be guaranteed every semester, however, every attempt is made to satisfy students' preferences.

You are required to enroll in the core seminar and two elective courses. Please tick the courses you wish to enroll in. Indicate your first choices and an alternative 1 and 2 in case your first choices are not available. You will also be enrolled in an intensive French program with the Alliance Française.

Course		1st choices (including core course)	Alternative 1	Alternative 2
History, Politics and Diplomacy of France	Core (Fall)			
History, Politics and Diplomacy of E.U.	Core (Spring)			
Current Issues in International Relations	Elective			
International Public Law	Elective			
Clashes of Culture in Paris and France	Elective			
Politics in Francophone Africa	Elective			
International Financial Management and Policy	Elective			
International Marketing and Economic Development	Elective			
Intensive French	Required			

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Academic Recommendation Form

Your application cannot be considered until AGS receives this form. Please fill out this information page and then submit this form for completion by a faculty referee who is familiar with your performance in the classroom.

### Student Information

Name (please print):

\_\_\_\_\_

*First Middle Last*

Current Institution: \_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Semester(s) applied for:  Fall

Year \_\_\_\_\_

Summer

Year: \_\_\_\_\_

Spring

Year \_\_\_\_\_

I hereby authorize this form to be completed and sent to the American Graduate School in Paris

I hereby (check one):  waive  do not waive my rights of access to this information.

Student's Signature

Date:

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## Academic Reference

The student named on the reverse side of this page is applying for a study abroad program at the American Graduate School in Paris.

The student's application will not be complete until we receive this form. Because all admissions are handled on a rolling basis, your prompt response will be appreciated.

Please complete this form, then on a separate sheet of your institution's letterhead, please write an assessment of the applicant which answers the following questions; and send it to the address as it appears below.

1. In what capacity and for what length of time have you known the applicant?
2. What courses did the applicant take with you?
3. Discuss the quality of academic work prepared by the applicant.
4. Comment upon the applicant's overall familiarity with the subject matter of the courses in which you taught him/her.
5. How would you rate this applicant's intellectual motivation?
6. Comment on the applicant's suitability for study abroad in terms of: (a) personal factors: stability, independence of mind, creative ability; (b) motivation.
7. List any special considerations of which we should be aware.

Dr/Mr/Ms \_\_\_\_\_ Position \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature

Date

Please send your letter of recommendation along with this form to:

Mr. James Ocran  
Admissions  
American Graduate School in Paris  
101 boulevard Raspail  
75006 Paris  
France

In partnership with  
**ARCADIA**  
UNIVERSITY  
SINCE 1853

Email: james.ocran@ags.edu Telephone: + 33 (0)1 47 20 00 94 Fax: + 33 (0)1 47 20 81 89

## Approval of Students program of Study Abroad

Your application cannot be considered until AGS receives this form. Please fill out this information page and then submit this form for completion to the official at your home institution responsible for approving your participation in a Study Abroad program.

Name (please print):

\_\_\_\_\_

*First Middle Last*

Current Institution: \_\_\_\_\_

Current Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Semester(s) applied for:**    Fall    Spring    Summer   **Year:** \_\_\_\_\_

**Course Choices for students applying for Fall and Spring semesters only:** Please note that depending on enrollment, course offerings cannot be guaranteed every semester, however, every attempt is made to satisfy students' preferences. You are required to enroll in the core seminar and two elective courses. Please tick the courses you wish to enroll in. Indicate your first choices and an alternative 1 and 2 in case your first choice are not available. You will also be enrolled in an intensive French program with the Alliance Française.

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International Public Law	Elective			
Clashes of Culture in Paris and France	Elective			
Politics in Francophone Africa	Elective			
International Financial Management and Policy	Elective			
International Marketing and Economic Development	Elective			
Intensive French	Required			

I hereby authorize this form to be completed and sent to the American Graduate School in Paris

I hereby (check one):    waive    do not waive my rights of access to this information.

Student's Signature

Date:

## Approval of Students program of Study Abroad

### To the Official Responsible for Approving this Student's Program of Study Abroad:

The student mentioned on the previous page has applied for a Study Abroad Program at the American Graduate School in Paris, France.

The study abroad application for the student named will not be complete until we receive this form indicating institutional approval of this applicant's foreign study plans and your comments, if any, about the applicant. Because all applications are handled on a rolling admissions basis, your prompt response will be appreciated. Please feel free to attach a separate sheet on your letterhead if necessary. Please check the name and address on the reverse side to be sure that it indicates the correct place to send the final official transcript for credit transfer. If it is not correct, please supply the proper information.

Student Name \_\_\_\_\_

### Academic Section

Is this student in good academic standing?  Yes  No If no, please explain.

What is your general estimate of this student as a candidate for study abroad: \_\_\_\_\_

Has this student secured the necessary approval from your institution to study abroad?  Yes  No

Will the credits earned by this student be accepted towards this student's degree program at your institution?  Yes  No

Yes, but final approval cannot be granted until after the student completes the program.

Yes, but subject to the conditions listed.  No, for the reasons listed.

Do you recommend this student?  Yes

Yes, with reservations attached (attach explanation of reservations).

### Disciplinary Section

Does this student have a disciplinary record with your institution?  Yes  No

Yes, and an official document of copy stating the details is enclosed.

If you have any additional comments, you may attach a separate sheet on letterhead. Thank you.

Dr/Mr/Ms \_\_\_\_\_ Position \_\_\_\_\_

Department \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send this information to the address below.

Mr. James Ocran  
American Graduate School in Paris  
101 boulevard Raspail  
75006 Paris  
France

Email: james.ocran@ags.edu Telephone: + 33 (0)1 47 20 00 94 Fax: + 33 (0)1 47 20 81 89