



Department of French  
 Rutgers Academic Building  
 School of Arts and Sciences  
 Rutgers, The State University of New Jersey  
 15 Seminary Place, 4<sup>th</sup> Floor  
 New Brunswick, New Jersey 08901-1414

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 french1@rci.rutgers.edu  
 732-932-8223  
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# Rutgers Summer in Paris Program

## Application for Admission

Your file is activated by submission of the application, but your file cannot be considered for admission until all of the necessary documents have been received by the Department. Please return the application and forms to the address above.

*\*An official academic transcript is required for non-Rutgers students only\**

### Please Print Legibly

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Student e-mail: \_\_\_\_\_ Home phone: \_\_\_\_\_

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

\*Alternate Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*\*Country of Citizenship: \_\_\_\_\_

RU ID: \_\_\_\_\_ Douglas Residential Student:  Yes  No

\* Address (if different from home) where you would like your mail to be sent to during school

\*\* If you are not a USA citizen, please be sure to inquire about possible VISA documentation needed for travel to Paris. Contact your nearest French Consulate.

### School History

Schools attended (secondary, college and university) with school most recently attended listed first:

Institution	Location	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Preparation in French (number of years) \_\_\_\_\_ High School: \_\_\_\_\_ College: \_\_\_\_\_

Course Title & Description	Semester Taken	Grade Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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French courses that will be completed by Spring semester: \_\_\_\_\_

Additional experience with French language and civilization, if any: \_\_\_\_\_

**PERSON TO CONTACT** in case of emergency:

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

As of now, what courses would you take? (You can change your mind later.)

**Please choose TWO courses by holding down the CTRL key and highlighting your choices**

How did you hear about the **Rutgers Summer in Paris Program**? \_\_\_\_\_

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

This application must be completed by submission of:

1. A Letter of recommendation from a French Teacher (Form 1)
2. A Medical report (Form 2)
3. A Responsibility statement with signatures (Form 3)
4. An official academic transcript (**if you are a non-Rutgers student**)

**Please mail, fax or email completed forms to:**  
Department of French  
Attention: Sarah Schroeder, Program Coordinator  
Rutgers Academic Building  
Rutgers, The State University of New Jersey  
15 Seminary Place, 4th Floor  
New Brunswick, New Jersey 08901-1107  
Phone: 732-932-8223 Fax: 732-932-7125  
**EMAIL:** sarah.schroeder@rutgers.edu