



Domestic Programs **Application Instructions**

SKIDMORE COLLEGE

Off-Campus Study & Exchanges
815 North Broadway, Starbuck 202
Saratoga Springs, NY 12866
Tel: 1-518-580-5355
Fax: 1-518-580-5359
ocse@skidmore.edu

- Washington Semester at American University (Washington, DC)**
- Semester in Environmental Science at MBL (Woods Hole, MA) – fall only**
- Skidmore/Spelman College Exchange Program**

Application Deadlines:

Washington Semester - **November 1** (spring semester) and **March 1** (fall semester)
Semester in Environmental Science & Spelman College - **March 1**

Off-Campus Study & Exchanges (OCSE) recommends that you submit your application as early as possible.

Incomplete applications will not be considered.

Eligibility Requirements:

Before you submit your application to please be sure you are familiar with program eligibility requirements and Skidmore's off-campus study policies. You may find them on the Skidmore College Off-Campus Study & Exchanges Web site at www.skidmore.edu/ocse.

Instructions:

1) Complete Skidmore Domestic Program Application Materials:

- Domestic Program Application
- Proposed Course of Study
- Course Descriptions
- Degree Audit
- Official Transcript

(An official transcript must be submitted with the application. Go to the Skidmore's Registrar webpage select "Transcripts", then select "Transcript Request Form Online." Login to the system. Complete the form. For "Institution" you must enter your abroad university, for purpose enter "Fall/Spring Study Abroad" and under "Send When" select "Now." Make sure it says **Pick up at Registrars Office** under recipient. Complete order and once the transcript is ready an email will be sent to your school account. Please forward this email to adean2@skidmore.edu and OCSE will pickup the transcript.)

- Two letters of Recommendation/References: one from your advisor, one from another faculty member (Be sure your references are aware that they need to send their letter to OCSE, or offer to pick them up.) – **If your program requires recommendations, you may use the same letters for OCSE.**
- Statement of purpose – **If your program requires a statement of purpose, you may use the same for OCSE.**
Addresses your interest in the program, how it fits into your academic goals, your preparedness for off-campus study, your objectives from participation, etc.
- Skidmore Housing Preference Form (one page) – Return to the Office of Residential Life.

2) Submit all parts of the **Domestic Program Application** and all **Program Provider Application** materials to Off-Campus Study & Exchanges (Starbuck – Rm. 202).

3) Once your domestic program application has been approved by the Committee on Academic Standing, the OCSE Program Manager will forward your Program Provider Application onto your selected program.

4) Financial Aid: All Skidmore recipients of financial aid are eligible to use some or all of their aid for domestic programs. You are urged to meet with a Financial Aid Representative to understand the financial implications based on your application to study off-campus.

5) Further advice: If you need further advice on domestic programs and/or the application process, please consult first with OCSE. For specific questions about a particular program, you can contact the program provider directly.



Domestic Program Application

- Washington Semester
- Semester in Environmental Science (**fall only**)
- Skidmore/Spelman College Exchange Program

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Application Deadline:

Washington Semester – Nov 1 (Spring), March 1 (fall)

Semester in Environmental Science & Skidmore/Spelman College Exchange – March 1

Incomplete applications will NOT be considered. Fall Semester 20__ Spring Semester 20__

PLEASE TYPE OR PRINT LEGIBLY IN INK ALL INFORMATION

CONTACT INFORMATION:

Name: _____ Email address: _____

Campus/Saratoga Springs Address: _____ Permanent Address: _____

Saratoga Springs Phone: (_____) _____ Permanent Address Phone: (_____) _____

Cell Phone: (_____) _____

OCSE will distribute my name, address, email address, and telephone number to other program participants. If I do not wish to have my name released I will check the box below.

- I do not wish to have my name, address, email address and telephone number shared.

DEMOGRAPHIC INFORMATION

Date of Birth (MM/DD/YYYY): _____ Gender: Female Male

Are you currently living in on-campus housing? Yes No

Are you a New York state resident? Yes No

Country of Citizenship: United States Canada Other _____

Non-resident alien — If non-resident alien, visa type _____ Lawful permanent resident

Are you currently receiving financial aid? Yes No

ACADEMIC INFORMATION:

Current Class Level: Fr So Jr Sr Anticipated graduation date Mon/Year: _____

GPA: _____ Major: _____

Second Major: _____ Minor: _____

Skidmore Academic Advisor(s): _____

College ID#: _____

Activities, positions, honors while in college: _____

RECOMMENDATIONS/REFERENCES

List the individuals who are writing references for you. Submit reference forms to your advisor and at least one faculty member.

advisor	department/office	phone	e-mail
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Washington Semester Program Choices (Please list your choice of program 1 through 3):

- American Politics
- Foreign Policy
- Journalism
- Public Law
- Economic Policy
- International Business & Trade (DC option only)
- Justice
- Transforming Communities

Students interested in other program choices through the Washington Semester program must submit a non-approved program petition to OCSE to be considered. Contact OCSE for more information.

OTHER CONSIDERATIONS

Are you on probation, parole, or have any legal judgments pending against you either inside or outside campus?

Yes No If yes, please explain: _____

Are you currently under any campus disciplinary action for violation of codes of academic or student conduct?

Yes No If yes, please explain: _____

Do you have any outstanding balances to the campus? Yes No

PARENT/GUARDIAN INFORMATION

Please provide contact information for the person(s) with whom we should communicate regarding your participation in the program. This (These) person(s) will serve as our contact for financial issues as well as in cases of emergency.

1.) Name: _____

2.) Name: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

_____ (city) (state) (zip)

_____ (city) (state) (zip)

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

E-mail: _____

E-mail: _____

Dear Student:

By signing your name below, you permit Skidmore College's Off-Campus Study & Exchanges to release information to the contacts you have listed above. This information will include, but is not limited to, pre-departure information regarding the program, billing statements and other financial information, and information regarding your whereabouts while you are on exchange.

If you choose not to sign below, we will NOT be allowed to release any type of information to your guardian/parent before, during, or after your exchange experience, **except in the case of an emergency.**

I, _____ permit Skidmore College's Off-Campus Study & Exchanges to release information to the contacts I have indicated above.

Student's Signature

Date

SPECIAL NEEDS OR CIRCUMSTANCES

If you have a physical condition for which accessible, on-campus housing or classroom accommodation might be needed; a documented disability which may require academic accommodation (e.g., notetakers, taped texts); a medical condition which might require immediate attention during your off-campus study; or a condition which might affect emotional or mental well-being during your off-campus study, you are encouraged to identify your needs by attaching a separate page indicating the nature and extent of your circumstances and arrangements which are currently being made for you on this campus. Also indicate whether or not we may contact your requested program provider at this time. OCSE, nor its providers discriminate on the basis of special needs. Rather, your disclosure at this stage of the application process is invited in order to assist you in determining whether the program can provide reasonable accommodation of your needs. Following placement, it is your responsibility to consult with your program provider to determine the deadlines by which you must submit written, current, and professionally documented information as required by your program provider.

RELEASE OF INFORMATION

The collection, retention, and dissemination of your records and information about you are subject to federal regulation under the Family Education Rights and Privacy Act (FERPA) of 1974. You are responsible for specifying the persons or agents who have access to your records. Therefore, it is necessary that we obtain your permission to request and release information pertinent to your off-campus study. Please read the following statements and sign below:

By signing your name below, you authorize Skidmore College's Off-Campus Study & Exchanges to have access to information regarding your academic, social, and financial standing. You also authorize Skidmore's Off-Campus Study & Exchanges to share any pertinent information with program providers as needed. The existence of a disciplinary record does not preclude admission, but will be considered in the overall evaluation of the application.

Studying off-campus is a privilege that is available to students who have demonstrated the ability to adjust academically and emotionally to college, and who are ready to benefit from the challenges of off-campus study. Only students in good academic, social, and financial standing are eligible to off-campus. I further understand that submitting an application is not a guarantee of application acceptance. Failure to maintain (prior to and during the exchange) all of the eligibility requirements of the program and those of Skidmore College will result in cancellation of participation. Failure to pay all financial obligations to Skidmore College will also result in cancellation of participation. I also understand that until financial obligations are met, Skidmore College and the host program will not report grades or release transcripts; and I will not be permitted to re-enroll at, or graduate from, Skidmore College.

I have read and fully understand Skidmore's information on eligibility, policy, and procedures presented on the OCSE web site.

Please be aware that the stress of travel and adjusting to a new culture can exacerbate physical or psychological conditions that may be under control at home. Physical or psychological disorders can become serious under the stresses of a new environment. Therefore, if you have a physical or psychological condition it is important that you meet with your physician or counselor to discuss how studying off-campus could affect your medical condition. Addressing your health issues prior to studying off-campus will help you to identify those resources that will and will not be available at your program site.

If accepted for participation in a domestic program, I agree to adhere to all the rules and regulations of both Skidmore College and the host program. Failure to do so may result in the cancellation of my program enrollment.

I affirm that all information is complete, accurate, and true to the best of my knowledge. I acknowledge that I am signing freely, voluntarily, and under no compulsion.

I, _____, have read and understand the above statements.
(please print name)

Student's Signature

Date

SUPPORTING MATERIALS OR OTHER REQUIREMENTS

- Transcript
- Proposed Course of Study Form
- Course Descriptions
- 2 Letters of Recommendation
- Statement of Purpose
- GPA petition statement or Senior or Sophomore statement if applicable.
- Washington Semester or Semester in Environmental Science Application
- Skidmore Housing Preference Form

Name: _____

Program: _____

Off-Campus Proposed Course of Study Form

- Fill in course information about the classes you hope to take while studying off-campus in the section entitled "To be completed by student." **Please note that course availability off-campus may be limited, so be sure to include alternate course selections.**
- Discuss your potential course selections with your faculty advisor. **Be sure that you understand how your course selection affects your progress toward graduation.** Obtain your advisor's signature.
- If you hope to receive credit toward your major or minor, please have the **department chair review the course description/syllabus** and complete the section entitled "To be completed by Department Chair". If you want a course to count toward a graduation requirement, please have the chair of the appropriate department review the course description/syllabus and complete the section entitled "To be completed by Department Chair." For example if you would like a selected course to count toward the all college arts requirement, you will need to obtain course approval from the Chair of the Art department. Any foreign language course undertaken while off-campus will need approval from the Chair of the Department of Foreign Languages and Literatures.
- **You MUST attach a course description for each class to obtain credit approvals.**
- Remember you must enroll in a full course of study while off-campus (generally **15 semester credits** and no more than 18.) Per course credit hours is determined by the host institution. Skidmore College transfers per course credit as reported by the host institution.

TO BE COMPLETED BY STUDENT	TO BE COMPLETED BY DEPARTMENT CHAIRS if credit for any graduation requirement is sought.		
Course title and number	Skidmore equivalent course number	Does course count for 300-level maturity credit?	Chair's Signature

To be completed by applicant's faculty advisor in major department:

Please check the appropriate boxes:

- I am familiar with the applicant's academic progress and believe that his or her training and intellectual interests are such as to qualify the student to profit by participating in this domestic study program.
- I recommend the applicant with respect to character and maturity for admission to this domestic study program.

Comments:

Faculty Advisor's Signature

Date



DOMESTIC PROGRAM APPLICATION

ACADEMIC RECOMMENDATION FORM

I. TO BE COMPLETED BY THE APPLICANT

Applicant Name: _____ Class Year: _____

Email Address: _____ Phone: (_____) _____

Domestic Program: _____ Term Off-Campus: _____

Evaluator Name: _____

Course(s) taken with Evaluator: _____

II. TO BE COMPLETED BY FACULTY

For how long have you known the applicant? _____

In what capacity? _____

In which course(s) have you taught this student? _____

Comments or concerns regarding the applicant: _____

Using a **separate sheet of paper**, please comment on the applicant's general intellectual ability and motivation for studying off-campus. Please include references to his/her emotional maturity and stability, ability to relate to others, and ability to work independently.

Name of Evaluator (please print): _____

Department: _____

Phone: (_____) _____ E-mail: _____

Signature: _____ Date: _____

PLEASE RETURN TO THE OFFICE OF OFF-CAMPUS STUDY & EXCHANGES



DOMESTIC PROGRAM APPLICATION

FACULTY ADVISOR NOMINATION FORM

This form is to be completed by applicant's faculty advisor in major department.

Student's name: _____ Major: _____

Email Address: _____ Phone: (____) _____

Class Year: _____ Term Off-Campus: _____

Domestic Program: _____

In order to ensure that the applicant is selecting a program where they will be able to take appropriate course work for their off campus study goals, please complete the following questions.

Please check the appropriate boxes:

- I am familiar with the applicant's academic progress and believe that his or her training and intellectual interests are such as to qualify the student to profit by participating in this program.
- I have discussed, reviewed and approve the applicant's plan of study in this program.
- I recommend the applicant with respect to character and maturity for admission to this program.

Comments or concerns regarding the applicant: _____

Faculty Advisor's Name

Title/Department

Signature

Date

PLEASE RETURN TO THE OFFICE OF OFF-CAMPUS STUDY & EXCHANGES