

APPLICATION FORM 2010

OXBRIDGE ACADEMIC PROGRAMS

601 Cathedral Parkway, Suite 7R
New York, New York 10025-2186
1-800-828-8349 • (212) 932-3049 • FAX: (212) 663-8169
info@oxbridgeprograms.com • www.oxbridgeprograms.com

INSTRUCTIONS:

1. Fill out this application form (please PRINT or TYPE) and mail it to us with your deposit check for **\$1050 US** (or **\$1175 US** with Medical Emergency Cancellation Insurance) payable to **F.I.E. (The Foundation for International Education)**.
2. Include a current transcript or a copy of most recent report card. (An unofficial photocopy is acceptable.)
3. On a separate sheet, type a personal statement of at least 500 words. Please read Section IV of this Application Form for further instructions.

I am applying for: **The Cambridge Tradition** *or* **The Oxford Tradition**
(You can only apply to ONE program.)

I would like to take part in **The Paris Connection** (include **\$300 US** deposit).

I. STUDENT INFORMATION

NAME	First	Middle	Last	<input type="checkbox"/>	<input type="checkbox"/>
				Male	Female
HOME ADDRESS	CITY		STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
()					
TELEPHONE	STUDENT E-MAIL (PLEASE PRINT IN CAPITALS)		DATE OF BIRTH	Month	Day Year
FATHER'S TITLE	FATHER'S NAME	PROFESSION	E-MAIL (PLEASE PRINT IN CAPITALS)		
		()	()	()	
FATHER'S ADDRESS, IF DIFFERENT FROM YOURS	HOME TELEPHONE	WORK TELEPHONE	CELL		
MOTHER'S TITLE	MOTHER'S NAME	PROFESSION	E-MAIL (PLEASE PRINT IN CAPITALS)		
		()	()	()	
MOTHER'S ADDRESS, IF DIFFERENT FROM YOURS	HOME TELEPHONE	WORK TELEPHONE	CELL		
			()		
EMERGENCY CONTACT (OTHER THAN PARENT/S)	RELATIONSHIP		TELEPHONE NUMBER		

PLEASE LIST YOUR SIBLINGS AND THEIR CURRENT GRADE IN SCHOOL

Have you ever attended an Oxbridge Academic Program before? Yes No

If yes, please give program(s) and year(s) attended: _____

II. ACADEMIC INFORMATION

CURRENT SCHOOL	CURRENT GRADE LEVEL	()	SCHOOL TELEPHONE	
SCHOOL ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

Have you ever been suspended or dismissed from school? Yes No If yes, please explain on a separate sheet of paper.

Name and telephone number of a teacher or counselor from your school who can speak knowledgeably about you. (Although not required, a letter of recommendation is welcome.)

TITLE	NAME OF TEACHER OR COUNSELOR	SUBJECT	EMAIL (PLEASE PRINT IN CAPITALS)	()	TELEPHONE NUMBER

III. COURSE SELECTIONS

Major Course 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Minor Course 1st Choice _____ 2nd Choice _____ 3rd Choice _____

IV. PERSONAL STATEMENT

Please include a personal statement of at least 500 words about why you are applying, why you are choosing your Major and Minor courses, and what you feel you can contribute to the program. Also include your name, city, state, and country in the top right-hand corner and enclose *three copies* of your personal statement with your application. Feel free to write about your academic and extracurricular interests, and anything else that will help us to get to know you.

V. FOR OUR RECORDS

How did you hear about **Oxbridge Academic Programs**? (please tick *all* that apply)

- Former Student – Name? _____
- Teacher/Counselor – Name? _____
- School Visit? – When? _____
- Open-house reception - When? Where? _____
- Brochure in the mail? - When? _____
- Poster – Where? _____
- Newspaper Ad – Where? _____
- Website – Which? _____
- Informational email - from Whom? _____
- Other – Please specify _____

VI. SHARING INFORMATION

I permit **Oxbridge Academic Programs** to share my travel details and contact information solely with other program participants.
 Yes No

VII. ROOM REQUEST

Please indicate your preference below for a Single or Shared Room with a bathroom, subject to availability on a first come, first serve basis:

- Single Room with private bathroom (+\$400 US)
- Shared Room with bathroom (+\$350 US)

Students who do not request a Single or Shared Room with a bathroom will be allocated a room according to availability.

VIII. SIGNATURE

My parent(s) and I have read and understood the information provided in the Student Life and Fees & Details sections of this brochure. We understand that failure to respect the program rules will result in disciplinary action up to and including expulsion from the program at our own expense with no refund.

STUDENT SIGNATURE _____

DATE _____

PARENT SIGNATURE _____

DATE _____

IX. REMINDERS

- A. Applications will only be considered once complete. Please check the following to indicate completion and inclusion in your submitted application.
 Application Form Transcript Personal Statement (*three copies*) Deposit Check
- B. Please ensure that your deposit check is made payable to: **F.I.E. (The Foundation for International Education)**