

OXBRIDGE ACADEMIC PROGRAMS

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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 **Oxbridge Academic Programs**.
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 V of this Application Form for further instructions.

I am applying for:

L'Académie de Paris *or* **L'Académie de France**

(You can only apply to ONE program.)

For L'Académie de France only: 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	E-MAIL (PLEASE PRINT IN CAPITALS)	DATE OF BIRTH	Month Day Year	CITIZENSHIP	
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 one of our programs before? Yes No

If yes, please give program(s) and year 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. LANGUAGE

Knowledge of French is *not* required to participate, but students who have selected to take a language class must fill out the following:

I have never studied French.

I have studied French for ___ years or speak it at home.

- All students taking a language course are welcome (but not obligated) to submit a short comment from a French teacher attesting to their language level.
- Students taking an Immersion course are asked to submit a writing sample in French as well as a comment from their French teacher.

V. 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, and state 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. This is an important part of the application and should be typed if possible.

VI. FOR OUR RECORDS

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

- | | |
|--|---|
| <input type="checkbox"/> Former Student – Name? _____ | <input type="checkbox"/> Poster – Where? _____ |
| <input type="checkbox"/> Teacher/Counselor – Name? _____ | <input type="checkbox"/> Newspaper Ad – Where? _____ |
| <input type="checkbox"/> School Visit – When? _____ | <input type="checkbox"/> Website – Which? _____ |
| <input type="checkbox"/> Open-house reception – When? Where? _____ | <input type="checkbox"/> Informational email – From whom? _____ |
| <input type="checkbox"/> Brochure in the mail? – When? _____ | <input type="checkbox"/> Other – Please specify _____ |

VII. SHARING INFORMATION

I permit **Oxbridge Academic Programs** to share my travel details and contact information solely with other program participants.

- Yes No

VIII. ROOM REQUEST

I would like to be housed in the French-speaking part of the residence.

IX. SIGNATURES

My parent/s and I have read and understood the information provided in the Student Life and Fees & Details sections of this brochure. I attest that all the information I have provided here is accurate and truthful.

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

X. REMINDERS

A. Applications will only be considered once complete. Please check the following to indicate completion and inclusion in your submitted application.

- | | | |
|---|--|---|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Transcript | <input type="checkbox"/> Personal Statement (<i>3 copies</i>) |
| <input type="checkbox"/> Deposit Check | <input type="checkbox"/> Language Course materials (see Sec. IV) | |

B. Please ensure that your deposit check is made payable to: **Oxbridge Academic Programs**.