

Applying to Hamilton in France (2017-18)

Application Deadlines:

February 28 academic year and fall

October 1 spring semester students

HiF Application Instructions:

Beginning the HiF Application by following the following link:

<http://www.regonline.com/HCAYSHiF201718>

You may complete and submit much of the application on-line and pay the registration fee through our secure site. The required documents are listed on the following page under Application Material.

Acceptance and next steps

Complete applications are reviewed on a rolling basis; complete applications submitted in advance of the deadline will be reviewed early. It is the applicant's responsibility to make certain that we receive ALL materials in a timely fashion.

Applicants should expect a response regarding their admission within three weeks of HiF receiving the complete application. Within three weeks of acceptance, all students remit the following before being fully accepted.

- \$300 non-refundable deposit
- remit photographs
- Health Screening form
- Physician's Report.

For questions regarding the HiF application process, please contact: Ms. Gena Hasburgh at aysjyf@hamilton.edu or 315.859.4201.

We are looking forward to learning more about your plans for studying with HiF.

Hamilton in France

APPLICATION MATERIALS

1. Application Registration: www.hamilton.edu/france
2. \$50 Application Fee (on-line payment required at time of application)
3. 300 Word Essay
Through the on-line application you must upload a statement in English including comments on:
 - a. your experiences in French, including travel or residence abroad
 - b. your reasons for wishing to study abroad and how this experience will contribute to learning
 - c. co-curricular interests in France
4. Writing Sample

Please submit a recent paper written in French and graded by a professor. (Do not send a corrected copy unless your own revisions are evident. If your paper was graded by hand, please remit your paper with corrections by US Mail to the address that follows. If your paper was graded electronically, you may upload it during your application registration on-line.)

The following documentation must arrive, under separate cover by February 28 (for Year and Fall applications) or October 1 (for Spring applications) to:

**Hamilton in France
198 College Hill Road
Clinton, New York 13323**

5. Two Recommendations

You must submit two recommendation forms. Each recommendation should be in a sealed envelope, signed on the back by the professor. One recommendation must be from your current or most recent language professor. The other recommendation must be from your most recent professor in your major. If French is your major, please remit both forms, preferably from two professors.
6. Release Agreement, including an original signature by you and a parent or guardian.
7. Official Transcript(s) from every post-secondary school that you have attended.
8. Recommendation from the Dean of Students or Dean of Study Abroad or Study Abroad Advisor, signed and dated by the Dean or Advisor.

Due upon Acceptance:

Within three weeks of acceptance, students must pay a \$300 non-refundable deposit, submit photographs, and remit the Hamilton Travel Abroad Health Screening Form and Physician's Report. (The Physician's Report form is available through the HiF application web page: www.hamilton.edu/france.)

ATTENTION HAMILTON COLLEGE STUDENTS:

Please complete the REQUIRED Study Abroad Planning form (<http://www.hamilton.edu/offcampusstudy>).
IMPORTANT: please submit your LEAVE of ABSENCE Form to the Off-Campus Study Office, CJ 105.

Hamilton in France

Release and Indemnification Agreement

I hereby release the Hamilton in France (the "Program"), the sponsoring institutions, including Hamilton College, its trustees, officers, employees, and agents, and the trustees or directors, officers, employees, and agents of other sponsoring institutions, domestic or overseas (collectively, the "Releasees"), from any and all claims or liability of any kind resulting from the death of or any injury, loss, damage, accident, or delay suffered by _____ (the "Student"), whose parent or legal guardian I am, while the Student is participating in the Program. I further agree not to sue or otherwise bring any action or proceeding against the Releasees with respect to any such claim or liability.

This Release and Indemnification Agreement further applies to any claims arising out of independent travel that may be undertaken by the Student.

I agree to indemnify the Releasees and save them harmless from and against all liability, loss, cost or expense, claims, suits, or proceedings in law or equity, and attorneys' fees and disbursements relating to same, arising out of the Student's participation in the Program.

I agree that the Program reserves the right to enforce those rules, standards, and instructions set forth in their brochures, pre-departure bulletins, and other public statements, and that the Student's participation in the Program may be terminated as a consequence of the Student's failure to follow these requirements.

I certify that the Student is _____ years of age, is in good physical and mental health, and that he or she has no special medical or physical conditions which would preclude or impair participation in the Program. I understand that, in case of a medical emergency, reasonable effort will be made to contact me or another parent or guardian of the Student. I hereby give permission for the Programs to seek medical attention for the Student and for the attending physician to do what is medically necessary for the Student, if and as needed.

I have read this instrument, and I understand and agree to these conditions and terms. I acknowledge that there are no reservations to the full effectiveness of this Release and Indemnification Agreement.

Dated: _____ Parent/LegalGuardian: _____
(signature)

Print Name: _____

Address: _____

I acknowledge and confirm that I am in good physical and mental health, that I am familiar with, and agree to abide by, the rules, standards, instructions and regulations of the Hamilton in France, and I agree to be bound to the terms and conditions of the above Release and Indemnification Agreement.

Dated: _____ Student: _____



Hamilton

Hamilton in France

198 College Hill Road
Clinton, New York 13323
Telephone: 315-859-4201
Fax: 315.859-4222

www.hamilton.edu/france

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October 1 (for Spring applications)

French Language Assessment

Name of applicant _____

College _____

TO BE COMPLETED BY A RECENT INSTRUCTOR IN FRENCH:

How would you rate the applicant's French? (POOR, FAIR, GOOD, VERY GOOD, SUPERIOR)

1. ability to understand French spoken at normal speed? _____
2. ability to understand lectures in French? _____
3. ability to take significant notes at such lectures? _____
4. ability to express himself or herself orally in French? _____
pronunciation? _____ correctness? _____ fluency? _____
5. ability to read for university level courses? _____
6. ability to write French? _____
4. motivation and effort? _____
8. Additional remarks: _____

If you were to direct a Study Away Program, would you want this student to enroll? Please comment.

Signature

Name (please print)

Position

Date



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Assessment in the Major

Name of applicant _____

College _____

TO BE COMPLETED BY A RECENT PROFESSOR IN THE MAJOR:

Please assess the following comments using POOR, FAIR, GOOD, VERY GOOD, SUPERIOR or NO BASIS FOR RATING:

1. Motivation for Program Abroad. Strong personal interest, seriousness of purpose, self-motivated.

2. Academic qualities. Attitude toward study, native ability, general knowledge, well-organized, achievement, original, enthusiastic, contributes to class, curious.

3. Concern for international understanding. Involvement in pertinent activities, knowledge of past and present of own country, knowledge or interest in foreign cultures, acceptance of other groups.

4. Social attitudes. Courteous, helpful, flexible, responsible, adapts to new situations, tactful, acceptance by others, adjusts to group life, acceptance of others.

5. Emotional stability and maturity. Apparent degree of adjustment, emotional reaction to strain, emotional effect on others, soundness of decisions affecting self, nature of knowledge of self.

6. Additional remarks: (i.e., sense of humor)

If you were to direct a Study Away Program, would you want this student to enroll? Please comment below or attach additional comments.

Signature

Name (please print)

Position

Date



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Dean of Students - or - Dean of Study Abroad - or - Study Abroad Advisor

Name of applicant _____

College _____

TO BE COMPLETED BY THE DEAN or ADVISOR:

Do you rate this student's overall performance as POOR, FAIR, GOOD, VERY GOOD or SUPERIOR? Please comment.

Does your college approve of this student's plan to study for a year abroad (or exceptional semester) with our program?

Signature

Name (please print)

Position

Date



Hamilton
in France & Spain

When completed, please return this form to:
Page 1 of 2

HCAYS / HiF
198 College Hill Road
Clinton, New York 13323
Fax: 315-859-4222

CONFIDENTIAL PHYSICIAN'S REPORT: Due Upon Acceptance

Name of applicant: _____ **College or University:** _____
Applicant's email: _____

To the student: Your health and safety while traveling and abroad are of the utmost importance of us, and self-disclosure of your health history and current concerns, if any, are essential to your well-being. This form will inform the HCAYS / HiF of any physical or psychological condition which may affect you while abroad, and to provide essential information to medical personnel in Spain or France in case of an emergency. This information should be accurate, current and complete. Please do not disguise or hide any issues. The information will be shared with personnel in Spain and France, medical personnel or hosts, if necessary, and except in unusual cases, answers will not affect your selection to the Programs. Please be certain to complete pages 1 and 2.

Authorization: I authorize my physician to provide information regarding the status of my health to the staff of the Hamilton College Academic Year in Spain or Hamilton in France, and I authorize the HCAYS or HiF staff to consult with my physician, if necessary. I have disclosed all pertinent health information, physical and psychological, and any treatment and medications I have taken within the past five years. If I develop any medical or psychological condition subsequent to enrolling with the HCAYS or HiF, I agree to disclose this information to the HCAYS or HiF personnel, and agree that the staff will share the information with my host, if necessary.

Student's signature: _____ **Date:** _____

To the physician: Sound physical and emotional health is important to successful study abroad. We request your careful and complete evaluation of the applicant's health.

Applicant's general state of health (please circle all replies): **Excellent** **Good** **Fair** **Poor**

Student's date of birth: _____ Height: _____ Weight: _____

Is the applicant seriously overweight or underweight? **Yes** _____ **No** _____
Any dietary restrictions (medical / personal preference)? **Yes** _____ **No** _____
Allergies: **Yes** _____ **No** _____
Prescriptions / medications (please list on next page) **Yes** _____ **No** _____
History of physical or emotional challenges that may cause hardship abroad? **Yes** _____ **No** _____

(Please explain)

Communicable diseases including HIV / AIDS **Yes** _____ **No** _____
Psychiatric treatment within the last four years? **Yes** _____ **No** _____
Currently in treatment for physical or emotional condition? **Yes** _____ **No** _____
Serious eyesight, hearing or speech impairment? **Yes** _____ **No** _____
Other medical, emotional or physiological conditions that might cause problems? **Yes** _____ **No** _____
Any additional information that we should know? **Yes** _____ **No** _____

Name of applicant: _____ **College or University:** _____

To the physician (continued):

1. If you have answered **Yes** to any of the previous questions, please explain:

2. If the student is not currently treated for any illness, but has received treatment within the past four years, please explain:

3. If the student will need treatment in Spain or France, please have the current attending physician explain the treatment requirements. In addition, do you have a contact or facility in Paris or Madrid where the treatment may continue?

4. If the student will need prescription medicine while in Spain or France, please indicate that the student will take a sufficient amount of medication for the duration of the Program, and whether the medication is available in Spain or France.

5. If you have any other comments or remarks not included with this evaluation, please explain:

6. Please verify with your signature that you have discussed the physical and psychological demands of study abroad with this student, that you have reviewed the student's responsibility regarding study abroad, that if necessary, you are willing to consult with HCAYS / HiF personnel and medical personnel in Spain and France, and that to the best of your knowledge, this student is ready and able to study abroad.

Name of Physician: _____ **Signature:** _____

Address: _____

Telephone: _____ **Fax:** _____

Date: _____

Thank you for your prompt completion of this important information.