

APPLICATION FOR ASL 113 IN France (May 24th -June 8th)

SUMMER STUDY ABROAD

University of Rochester

Please print or type:

NAME _____ STUDENT ID _____

CLASS YEAR _____ MAJOR(S) _____ MINOR(S) _____

UP TO WHICH LEVEL DID YOU TAKE ASL? _____

HOME SCHOOL (if you are not a UR student): _____

CAMPUS (IN-TERM) ADDRESS: _____

CAMPUS TEL. _____ EMAIL ADDRESS _____

HOME ADDRESS

HOME TEL. _____

DATE OF BIRTH _____ U.S. CITIZEN? yes no If no, type of visa _____

PARENTS' OR GUARDIANS' NAMES and DAYTIME TELEPHONES

(EMERGENCY CONTACT, PLEASE INCLUDE EMAILS IF AVAILABLE)

Name of a UR faculty member who will serve as a reference:

Name

Department

Email and/or phone

Use the space provided, or attach a separate sheet.

1. What courses have you taken that might provide background to the course?

2. Have you had any other experiences as background to this course? (e.g. travel, independent foreign language study, personal interest)

3. What are your reasons for wanting to participate in this program?

Students not matriculated at the University of Rochester:

Please return the application and the following supporting materials by **March 3rd**:

1. a letter of recommendation from your employer/supervisor/current or former teacher.
2. a health form completed by your doctor (no more than 1 year old) and
3. an updated copy of your résumé.

Send to:

Guillaume Chastel
ASL Program
116 Lattimore Hall
University of Rochester
Rochester, NY 14627
Attn: ASL 111 in France

**SUPPLEMENT TO Deaf Culture, History and Sign Language IN FRANCE APPLICATION
FOR STUDENTS NOT MATRICULATED AT THE UNIVERSITY OF ROCHESTER**

HOME SCHOOL AUTHORIZATION

This section is to be completed by the Academic Dean or Study Abroad Adviser, and sent to:

ASL Program
116 Lattimore Hall
University of Rochester
Rochester, NY 14627
Attn: ASL 111 in France

Student's Name _____

Student's cumulative grade point average _____ on a scale of _____

The application of the above-named student is being submitted with my approval. Full credit will be granted for coursework satisfactorily completed. (If there are additional conditions for transfer of credit, I have indicated them below or on a separate sheet.)

Academic Dean or Study Abroad Adviser:

Name _____ Title _____

Institution _____

Address _____

Telephone () _____ Fax () _____

Email address _____

Dean or Adviser's signature _____ Date signed _____

The final grade report (official transcript) of the program should be sent to:

ATTN: _____