



application for admission I

DATE RECEIVED _____

Dual BA Program Between Columbia University and Sciences Po
 Office of Admissions and Financial Aid
 408 Lewisohn Hall, Mail Code 4101
 2970 Broadway
 New York, NY 10027

PROGRAM INFORMATION

Fall Year _____

PERSONAL INFORMATION

NAME

 Last (Family) First Middle

 All Previous Surnames/Maiden Name U.S. Social Security Number Sex
 - - M F

 E-mail address Date of Birth Age
 / /

What is your marital status? Single Married Separated/Divorced Other

CURRENT ADDRESS

Use until _____ (Please contact the Admissions Office if your contact information changes.)

 Address

 Address

 City State Zip Code Country

 Home Telephone Work Telephone

 International Telephone

PERMANENT ADDRESS

(Parents' or other permanent address. Please enter if different from your current address.)

 Address

 Address

 City State Zip Code Country

 Home Telephone Work Telephone

 International Telephone

CITIZENSHIP

U.S. Citizen Country of Birth _____ City of Birth _____

U.S. Permanent Resident A# _____

Not a U.S. Citizen or Permanent Resident Country of Citizenship _____ Type of Visa _____

Held Applied for

FINANCIAL AID

Do you intend to apply for financial aid during years 1 and 2 of the Dual BA Program (Sciences Po)? Yes No

Do you intend to apply for financial aid during years 3 and 4 of the Dual BA Program (Columbia University)? Yes No

LANGUAGE PROFICIENCY

Is English your first language? Yes No

Is French your first language? Yes No

Please describe your proficiency level in French.

Written: I am fully proficient in written French
 I have some proficiency in written French
 I have no proficiency in written French

Verbal: I am fully proficient in spoken French
 I have some proficiency in spoken French
 I have no proficiency in spoken French

Which languages, other than English, do you speak fluently? _____

Please make sure that you submit to the Office of Admissions official results of any SAT II or Advanced Placement language exams you may have taken.

CAMPUS CHOICE

Students in the Dual BA Program are able to study on one of three campuses during their time in France: Le Havre, Menton, Reims. Please pick your first and second campus choices

(Please note, your choice of campus does not guarantee placement. Final campus placement will be determined by the Selection Committee and discussed with the admitted candidate.):

First campus choice: Le Havre Menton Reims

Second campus choice: Le Havre Menton Reims

Please explain how the campuses you have selected are compatible with your academic (and other) aspirations (500 words).

CONSIDERATION FOR SCIENCES PO UNDERGRADUATE

While students may not apply simultaneously to the Dual BA Program and other undergraduate schools or programs at Columbia University (Columbia College or Columbia Engineering) or Sciences Po, highly qualified students who are not offered admission to the Dual BA Program due to enrollment limits may be offered the option to be considered for general admission to the undergraduate program at Sciences Po.

Would you like to be considered for general admission to the Sciences Po undergraduate program if you are not offered admission to the Dual BA Program?

Yes No

COLLEGE ENTRANCE EXAMINATION SCORES

Official scores from the Scholastic Assessment Test (SAT) or the American College Testing Program (ACT) taken within the last eight years must be reported directly by the testing service. The ETS code number for the Dual BA Program is 2095.

Please list your test scores where appropriate:

SAT I (2005 or earlier)	SAT (Post March 2005)	ACT
Highest math score _____ Date _____	Highest math score _____ Date _____	Date _____
Highest verbal score _____ Date _____	Highest critical reading score _____ Date _____	Highest composite score _____
	Highest writing score _____ Date _____	
SAT II: Subject Test	SAT II: Subject Test	SAT II: Subject Test
Date _____	Date _____	Date _____
Subject _____	Subject _____	Subject _____
Score _____	Score _____	Score _____

LANGUAGE PROFICIENCY TESTING

TOEFL/IELTS	ALP Essay Exam
Date _____	(if applicable, offered by Columbia University's American Language Program)
Total score _____	Date: _____
_____	Score/Level _____

PROFESSIONAL AND VOLUNTEER EXPERIENCES

Please clearly and briefly outline the following (where applicable):

WORK EXPERIENCE

Employer	Title	Date
Employer	Title	Date
Employer	Title	Date

Are you a U.S. veteran? Yes No Branch of Service _____

Have you served in a foreign military? Yes No Country _____

FOR OUR RECORDS

How did you hear about the Dual BA Program? (Please be specific.)

<input type="radio"/> College guide book/website (which one?) _____	<input type="radio"/> Advertisement (where?) _____
<input type="radio"/> College fair (where?) _____	<input type="radio"/> Internet search/website (which one?) _____
<input type="radio"/> Current GS student (who?) _____	<input type="radio"/> News article (which one?) _____
<input type="radio"/> Columbia alumnus/a (who?) _____	
<input type="radio"/> Current Sciences Po student (who?) _____	
<input type="radio"/> Sciences Po alumnus/a (who?) _____	



application for admission II

APPLICANT INFORMATION

NAME

Last (Family)	First	Social Security Number
_____	_____	____ - ____ - ____

ACADEMIC AREAS OF INTEREST

Please select the academic track you are considering at Sciences Po.

Please list, in order of preference, two academic areas of interest that you are considering majoring in at Columbia.

POSSIBLE CAREER

Please list a career that you are considering pursuing after completing your education.

Have you ever applied to Columbia College, the Fu Foundation School of Engineering and Applied Science, Barnard College, or the School of General Studies?

Yes No If yes, please give the date(s) and the decision(s).

Date: _____

Decision: _____

Have you ever attended Columbia's American Language Program and/or Continuing Education and Special Programs?

Yes No If yes, which division(s) and when?

Date: _____

Division: _____

Have you ever been suspended or dismissed from any educational institution including Columbia University?

Yes No If yes, please attach explanatory note.

COLUMBIA-OWNED HOUSING

Students who are enrolled full-time at GS (12 or more credits per semester) may apply for University Apartment Housing. Apartments are in Columbia-owned buildings situated within a few blocks of the University. Since few studio apartments are available, GS students are usually accommodated in apartments or dormitory-style suites shared by other Columbia students; typically each student has his or her own bedroom while sharing kitchen and bath facilities. Will you be applying for housing? Yes No

FOR OUR RECORDS

Did you attend an Admissions Information Session before deciding to apply to the Dual BA Program? Yes No Approximate date _____

Have you conferred with any Sciences Po or Columbia representative about the admissions process (e.g., admissions officer, coach, alumni, faculty)? _____

If yes, with whom? _____

To what other colleges and universities are you applying? (Your answer will in no way influence the admissions decision.)

FAMILY (IF THESE LINES DO NOT PERMIT YOU TO PRESENT YOUR COMPLETE FAMILY CIRCUMSTANCES, PLEASE DO SO ON A SEPARATE PIECE OF PAPER.)

FIRST PARENT'S FULL NAME			Place of birth (City, State or Country)
Age	U.S. Citizen? <input type="radio"/> Y <input type="radio"/> N	Living? <input type="radio"/> Y <input type="radio"/> N	Occupation/Current Employer
College or university attended		Degree	Year of Graduation
Professional or graduate school attended		Degree	Year of Graduation
Relationship			

SECOND PARENT'S FULL NAME			Place of birth (City, State or Country)
Age	U.S. Citizen? <input type="radio"/> Y <input type="radio"/> N	Living? <input type="radio"/> Y <input type="radio"/> N	Occupation/Current Employer
College or university attended		Degree	Year of Graduation
Professional or graduate school attended		Degree	Year of Graduation
Relationship			

WITH WHOM DO YOU RESIDE (PARENT OR INDEPENDENT)?

(IF SOMEONE OTHER THAN A PARENT IS YOUR LEGAL GUARDIAN, PLEASE COMPLETE THE FOLLOWING.)

GUARDIAN'S FULL NAME			Relationship to you
Age	U.S. Citizen? <input type="radio"/> Y <input type="radio"/> N	Living? <input type="radio"/> Y <input type="radio"/> N	Place of birth (City, State or Country)
Occupation/Current Employer			
College or university attended		Degree	Year of Graduation
Professional or graduate school attended		Degree	Year of Graduation

PARENT OR GUARDIAN'S ADDRESS

<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Mother and Father	<input type="radio"/> Guardian
Street		Apt.	
City	State	Zip Code	Country
Home Telephone		Work Telephone	Email Address

PARENT OR GUARDIAN'S ADDRESS

<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Mother and Father	<input type="radio"/> Guardian
Street		Apt.	
City	State	Zip Code	Country
Home Telephone		Work Telephone	Email Address

SPOUSE/SIGNIFICANT OTHER

Full name

Age	U.S. Citizen? <input type="radio"/> Y <input type="radio"/> N	Living? <input type="radio"/> Y <input type="radio"/> N	Place of birth (City, State or Country)
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Occupation/Current Employer

College or university attended	Degree	Year of Graduation
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Professional or graduate school attended	Degree	Year of Graduation
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DEPENDENTS

Full name	Age	Relation
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Full name	Age	Relation
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Full name	Age	Relation
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Full name	Age	Relation
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EMERGENCY CONTACT INFORMATION

Name/Relationship	Telephone	Email Address
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Street	City/State	Zip Code	Country
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FAMILY MEMBERS WHO HAVE GRADUATED FROM OR ARE ATTENDING COLUMBIA UNIVERSITY OR SCIENCES PO

Full name	Relationship	Division	Degree	Year
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Full name	Relationship	Division	Degree	Year
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Full name	Relationship	Division	Degree	Year
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Do you or does a member of your immediate family work for Columbia University, Sciences Po, or any of their affiliates? Y N

Full name	Relationship	Division	Title
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Full name	Relationship	Division	Title
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VOLUNTEER, PUBLIC SERVICE, OR POLITICAL WORK

Organization	Position	Date	Duties
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Organization	Position	Date	Duties
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Organization	Position	Date	Duties
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HONORS OR AWARDS FOR ACADEMICS OR SERVICE LEADERSHIP (PLEASE SPECIFY)

Title	Given By	Date	Description
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Title	Given By	Date	Description
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Title	Given By	Date	Description
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EXTRACURRICULAR ACTIVITIES

Activity	Year	Position of Leadership (If Any)
Activity	Year	Position of Leadership (If Any)
Activity	Year	Position of Leadership (If Any)

OPTIONAL PHOTOGRAPH

It would be helpful to the School's advisors to have a photograph of you. We would appreciate your submitting one with this application.

ESSAYS

I. Describe how your experiences or ideas shaped your decision to pursue this joint program and how these experiences or ideas may aid your future contribution to the field of academic and/or professional interest in which you are interested at this time.

Successful essays should not only identify and describe specific elements of the Dual BA Program, academic or otherwise, that meet your needs as a student, but should also explain why the Dual BA Program is the right undergraduate program for you. (500-1,000 words)

II. As a mathematician in ancient Greece, Euclid made a famous statement to King Ptolemy, stating that "there is no royal road to geometry." Given your life experiences, what paths have you encountered that lacked a royal road to be followed? What did you learn from these experiences? (500-1,000 words)

LETTERS OF RECOMMENDATION

Please list the names of the individuals to whom you have given the attached evaluation forms.

Recommender 1 _____ Recommender 2 _____

PLEDGE

I certify that all the information I have provided in this application is complete and accurate.

Signature

Date



letter of recommendation 1

408 LEWISOHN HALL • 2970 BROADWAY • NEW YORK, NY 10027 • 212.854.2772

To be completed by applicant before giving to recommender. Give one of these forms to each of the two recommenders you select. Ask the evaluator to write a letter and attach it to this form. Instruct the evaluator to enclose the letter in an envelope, sign it across the seal, and return it to you. Do not open this envelope or break the seal. Submit the sealed envelope containing your letters to the Office of Admissions.

Applicant's Last (Family) Name First Name Middle Name Date of Birth mm/dd/yyyy

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive the right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the persons from whom they request recommendations, may wish to preserve the confidentiality of those recommendations, we are giving you an opportunity to sign one of the following statements:

I waive the right to examine this letter

I do not waive the right to examine this letter

SIGNATURE DATE

SIGNATURE DATE

LETTER OF RECOMMENDATION
TO BE COMPLETED BY THE ACADEMIC/PROFESSIONAL EVALUATOR

- How long have you known the applicant?

- In what capacity do you know the applicant?
 Student Academic adviser Employee
 Intern Friend Other _____
- How do you rank this student in comparison with the students you have taught or worked with?
 Extraordinary (One of the best I have worked with)
 Exceptional (Top 5%)
 Outstanding (Top 10%)
 Superior (Top 15%)
 Above Average (Top 25%)
 Average (Top 50%)
 Below Average (Lower 50% but recommended)

- On a separate sheet or letterhead please provide an evaluation of this applicant's qualifications for undergraduate work in a rigorous academic program. Please compare the applicant with others known to you. This evaluation is to be mailed to the address above, or given to the applicant in a sealed envelope. Please seal and sign the back flap of the envelope; the letter will be submitted unopened by the applicant with his or her application.

NAME OF EVALUATOR

TITLE OF EVALUATOR

INSTITUTIONAL AFFILIATION

SIGNATURE

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letter of recommendation 2

408 LEWISOHN HALL • 2970 BROADWAY • NEW YORK, NY 10027 • 212.854.2772

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SIGNATURE DATE

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- How long have you known the applicant?

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 Exceptional (Top 5%)
 Outstanding (Top 10%)
 Superior (Top 15%)
 Above Average (Top 25%)
 Average (Top 50%)
 Below Average (Lower 50% but recommended)

4. On a separate sheet or letterhead please provide an evaluation of this applicant's qualifications for undergraduate work in a rigorous academic program. Please compare the applicant with others known to you. This evaluation is to be mailed to the address above, or given to the applicant in a sealed envelope. Please seal and sign the back flap of the envelope; the letter will be submitted unopened by the applicant with his or her application.

NAME OF EVALUATOR

TITLE OF EVALUATOR

INSTITUTIONAL AFFILIATION

SIGNATURE

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