

SciencesPo. 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

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\bigcirc	Fall	Year	
\circ	T all	ICal	

PERSONAL INFORMATION

NAME						
Last (Family)	First	First		Middle		
All Previous Surnames/Maiden Name	U.S. S	Social Security Number		Sex		
				\bigcirc M \bigcirc F		
E-mail address		of Birth Age				
	/	/				
What is your marital status? O Sin	ngle O Married	O Separated/Div	vorced	O Other		
CURRENT ADDRESS		PERMANENT AD	DRESS			
Use until (Please contact the Admissions Off	fice if your contact information changes.)	(Parents' or other per	manent address. Pl	lease enter if different from	m your current address.)	
Address		Address				
Address		Address	Address			
City State	Zip Code Country	City	State	Zip Code	Country	
Home Telephone	Work Telephone	Home Telephone		Work Telephor	ne	
International Telephone		International Telep	hone			
CITIZENSHIP						
O U.S. Citizen	Country of Birth		_ City of Birt	h		
O U.S. Permanent Resident		_				
O Not a U.S. Citizen or Permanent Resider		_ Type of Vis	a			
			○ Held ○	Applied for		
FINANCIAL AID						
Do you intend to apply for financial aid du	= :	-		O Yes O No		
Do you intend to apply for financial aid du	Do you intend to apply for financial aid during years 3 and 4 of the Dual BA					

LANGUAGE P	ROFICIENCY				
Is English your fi	rst language?	O Yes	O No		
Is French your fir	rst language?	O Yes	O No		
Please describe yo	our proficiency level in Free	nch.			
Written:	I am fully proficient inI have some proficienceI have no proficiency i	y in writt	en French	Verbal:	I am fully proficient in spoken FrenchI have some proficiency in spoken FrenchI have no proficiency in spoken French
Which languages	, other than English, do you	u speak fl	uently?		
	that you submit to the Offi ou may have taken.	ce of Adn	nissions official	results of any	SAT II or Advanced Placement
CAMPUS CHO	DICE				
	oual BA Program are able to ond campus choices	study or	one of three c	ampuses durir	ng their time in France: Le Havre, Menton, Reims. Please pick
	r choice of campus does not e admitted candidate.):	t guarante	ee placement. F	inal campus p	lacement will be determined by the Selection Committee and
First campus choi Second campus ch	ice: O Le Havre O M hoice: O Le Havre O M		O Reims O Reims		
Please explain hor	w the campuses you have se	elected are	e compatible w	ith your acade	mic (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?

ETHNICITY/RACE INFORMATION The information below is optional. Please respond to the following questions for governmental recordkeeping and reporting requirements. O Yes O No Are you Hispanic or Latino? What is your race? (Select one or more of the following five categories.) O American Indian or Alaska Native O Black or African American O White O Asian Native Hawaiian or Other Pacific Islander ADDITIONAL OPTIONAL INFORMATION Columbia attempts to draw students from diverse ethnic and racial backgrounds. This section will allow you to tell us a bit more about your background as identified above. Please further identify yourself as a member of one or more of the following groups and add more specific information where relevant (such as tribal affiliation or country of origin). O African American/Black O Caucasian/White O Hispanic/Latino O South Asian O Alaska Native O Chicano/Mexican American O Middle Eastern O Southeast Asian O Asian/Asian American O Dominican O Pacific Islander Other_ O Biracial/Multiracial O Hawaiian Native O Puerto Rican O Native American/American Indian TRIBAL AFFILIATION **ENROLLMENT NUMBER EDUCATIONAL BACKGROUND** Did either of your parents or gaurdian earn a bachelor's degree from a college or university? O Yes O No **PREVIOUS EDUCATION** You must list and send official transcripts from all schools previously (or currently) attended. An official transcript is defined as one sent directly to us from the issuing school in a sealed envelope. **HIGH SCHOOL(S)/GED** NAME City, State Dates attended: from-to Diploma granted? Date transcript ordered O If yes, year? Ono NAME City, State Dates attended: from-to Diploma granted? Date transcript ordered O If yes, year? Ono NAME Dates attended: from-to Diploma granted? Date transcript ordered City, State Ono O If yes, year? NAME Dates attended: from-to Diploma granted? Date transcript ordered City, State O If yes, year? Ono **GED** OYON Date State Score You must list and send official transcripts from all schools previously (or currently) attended. An official transcript is defined as one sent directly to us from the issuing school in a sealed envelope. COLLEGES AND GRADUATE INSTITUTIONS (PLEASE ATTACH AN ADDITIONAL SHEET IF NECESSARY.) NAME Dates attended: from-to Major/Concentration Degree granted? GPA Range Date transcript ordered O_{no} O If yes, type? NAME Dates attended: from-to Major/Concentration Degree granted? GPA Range Date transcript ordered O If yes, type? O_{no} NAME Dates attended: from-to Major/Concentration Degree granted? GPA Range Date transcript ordered O If yes, type? O_{no} Dates attended: from-to NAME Major/Concentration GPA Range Date transcript ordered Degree granted? \bigcirc no O If yes, type? Major/Concentration GPA Range Date transcript ordered NAME Dates attended: from-to Degree granted? O If yes, type? O_{no} Degree granted? GPA Range NAME Dates attended: from-to Major/Concentration Date transcript ordered O If yes, type? O_{no}

Major/Concentration

Degree granted?

O If yes, type?

Dates attended: from-to

NAME

GPA Range

Ono

Date transcript ordered

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 (if applicable, offered by Columbia University's American Language Program) Total score _____ 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? O Yes O No Branch of Service Have you served in a foreign military? O Yes O No Country _____ **FOR OUR RECORDS** How did you hear about the Dual BA Program? (Please be specific.) O College guide book/website (which one?) O Advertisement (where?)____ O Internet search/website (which one?) O College fair (where?) ___ O Current GS student (who?)_____ O News article (which one?)____ O Columbia alumnus/a (who?) O Current Sciences Po student (who?) O Sciences Po alumnus/a (who?)



ciencesPo. olumbia University application for admission II

APPLICANT INFORMATION NAME Last (Family) 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? O Yes O No If yes, please give the date(s) and the decision(s). Have you ever attended Columbia's American Language Program and/or Continuing Education and Special Programs? O Yes O No If yes, which division(s) and when? Date: ____ Division: Have you ever been suspended or dismissed from any educational institution including Columbia University? O Yes O 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? O Yes O No **FOR OUR RECORDS** Did you attend an Admissions Information Session before deciding to apply to the Dual BA Program? O Yes O 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.)

	FULL NAME		Place of birth (City, State or Country)	
Age	U.S. Citizen? O Y O N	Living?	Occupation/Current Employer	
College or universi	ty attended		Degree	Year of Graduation
Professional or grad	duate school attended		Degree	Year of Graduation
Relationship				
SECOND PAREN	T'S FULL NAME		Place of birth (City, State or Country)	
Age	U.S. Citizen? O Y O N	Living?	Occupation/Current Employer	
College or universi	ty attended		Degree	Year of Graduation
Professional or grad	duate school attended		Degree	Year of Graduation
Relationship				
WITH WHOM D	O YOU RESIDE (PAREN	IT OR INDEPENDENT)?		
(IF SOMEONE OT		YOUR LEGAL GUARDIAN, I	PLEASE COMPLETE THE FOLLOWING.) Relationship to you	
Age	U.S. Citizen?	Living?	Place of birth (City, State or Country)	
	O y O N	Living? O Y O N	Place of birth (City, State or Country)	
Occupation/Currer	O Y O N		Place of birth (City, State or Country) Degree	Year of Graduation
Age Occupation/Currer College or universi Professional or grad	O Y O N			Year of Graduation Year of Graduation
Occupation/Currer College or universi Professional or grad	O Y O N at Employer ty attended		Degree	
Occupation/Currer College or universi Professional or grad	OYON nt Employer ty attended duate school attended		Degree	
Occupation/Currer College or universi Professional or grad PARENT OR GUA Mother	OYON nt Employer ty attended duate school attended ARDIAN'S ADDRESS	OYON	Degree Degree	
Occupation/Currer College or universi Professional or grad PARENT OR GUA O Mother Street	OYON nt Employer ty attended duate school attended ARDIAN'S ADDRESS	OYON	Degree Degree	
Occupation/Currer College or universi Professional or grad PARENT OR GUA O Mother Street City	OYON nt Employer ty attended duate school attended ARDIAN'S ADDRESS	O Y O N O Mother and Father	Degree Degree O Guardian Apt.	Year of Graduation
Occupation/Currer College or universi Professional or grad PARENT OR GU/ O Mother Street City Home Telephone	OYON nt Employer ty attended duate school attended ARDIAN'S ADDRESS	O Y O N O Mother and Father State	Degree Degree O Guardian Apt. Zip Code	Year of Graduation
Occupation/Currer College or universi Professional or grad PARENT OR GUA O Mother Street City Home Telephone	OYON nt Employer ty attended duate school attended ARDIAN'S ADDRESS O Father	O Y O N O Mother and Father State	Degree Degree O Guardian Apt. Zip Code	Year of Graduation
Occupation/Currer College or universi Professional or grad PARENT OR GU/ O Mother Street City Home Telephone	OYON nt Employer ty attended duate school attended ARDIAN'S ADDRESS O Father	O Y O N O Mother and Father State Work Telephone	Degree O Guardian Apt. Zip Code Email Address	Year of Graduation
Occupation/Currer College or universi Professional or grad PARENT OR GU/ O Mother Street City Home Telephone PARENT OR GU/ O Mother	OYON nt Employer ty attended duate school attended ARDIAN'S ADDRESS O Father	O Y O N O Mother and Father State Work Telephone	Degree O Guardian Apt. Zip Code Email Address	Year of Graduation

SPOUSE/SIGNIFICANT OTHER Full name U.S. Citizen? Living? Place of birth (City, State or Country) Age OyONOYONOccupation/Current Employer Year of Graduation College or university attended Degree Year of Graduation Professional or graduate school attended Degree **DEPENDENTS** Full name Relation Age Full name Relation Age Full name Age Relation Full name Age Relation **EMERGENCY CONTACT INFORMATION** Name/Relationship Email Address Telephone Street City/State Zip Code Country FAMILY MEMBERS WHO HAVE GRADUATED FROM OR ARE ATTENDING COLUMBIA UNIVERSITY OR SCIENCES PO Full name Relationship Division Degree Year Full name Division Year Relationship Degree Full name Relationship Division Degree Year Do you or does a member of your immediate family work for Columbia University, Sciences Po, or any of their affiliates? OYON Full name Relationship Division Title Full name Relationship Division Title **VOLUNTEER, PUBLIC SERVICE, OR POLITICAL WORK** Organization Position Date Duties Organization Position Date Duties Organization Position Date Duties HONORS OR AWARDS FOR ACADEMICS OR SERVICE LEADERSHIP (PLEASE SPECIFY) Title Given By Date Description Title Given By Date Description Title Date Given By Description

EXTRACURRICULAR ACTIVITI		
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 advise	ors to have a photograph of you. We would appreciate your	submitting one with this application.
ESSAYS		
	eas shaped your decision to pursue this joint program and he and/or professional interest in which you are interested at t	
	ntify and describe specific elements of the Dual BA Program y the Dual BA Program is the right undergraduate program	
	e, Euclid made a famous statement to King Ptolemy, stating ths have you encountered that lacked a royal road to be follows:	
LETTERS OF RECOMMENDATION	NC	
Please list the names of the individuals to	o whom you have given the attached evaluation forms.	
Recommender 1	Recommender 2	
PLEDGE		
I certify that all the information I have p	rovided in this application is complete and accurate.	
Signature	Date	



O Below Average (Lower 50% but recommended)

SciencesPo. Letter of recommendation 1

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to write a letter and attach it to the	his form. Instruct the evaluator to enc	e of these forms to each of the two recom lose the letter in an envelope, sign it across aining your letters to the Office of Admiss	ss the seal, and return it to you. Do not
Applicant's Last (Family) Name	First Name	Middle Name	Date of Birth mm/dd/yyyy
their educational records, students	s may waive the right to see specific co request recommendations, may wish to following statements:	ey Amendment), which gives registered st infidential statements and letters of recomm to preserve the confidentiality of those re ••• I do not waive th	endation. In the belief that applicants,
SIGNATURE	DATE	SIGNATURE	DATE
TO BE COMPLETED BY THE ACADEM 1. How long have you known th	MIC/PROFESSIONAL EVALUATOR	_	or letterhead please provide applicant's qualifications for
2. In what capacity do you know	the applicant?	_	in a rigorous academic program.
O Student O Academic a	dviser O Employee	_	pplicant with others known to you. be mailed to the address above, or
O Intern O Friend	O Other	given to the applicant	t in a sealed envelope. Please seal
3. How do you rank this student students you have taught or w	_		of the envelope; the letter will be by the applicant with his or her
O Extraordinary (One of the	best I have worked with)	NAME OF EVALUATOR	
O Exceptional (Top 5%)			
O Outstanding (Top 10%)		TITLE OF EVALUATOR	
O Superior (Top 15%)		INSTITUTIONAL AFFIL	IATION
O Above Average (Top 25%)		SIGNATURE	
O Average (Top 50%)		SIGINALORE	

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SciencesPo. Columbia University letter of recommendation 2

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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: O I waive the right to examine this letter O 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 1. How long have you known the applicant? 4. On a separate sheet or letterhead please provide an evaluation of this applicant's qualifications for undergraduate work in a rigorous academic program. 2. In what capacity do you know the applicant?

3. How do you rank this student in comparison with the students you have taught or worked with?

O Friend

O Academic adviser O Employee

O Other

- O Extraordinary (One of the best I have worked with)
- O Exceptional (Top 5%)

O Student

O Intern

- O Outstanding (Top 10%)
- O Superior (Top 15%)
- O Above Average (Top 25%)
- O Average (Top 50%)
- O 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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