

Washington University
Summer Language Institute in France—Paris
Application for Admission

PLEASE TYPE or PRINT CLEARLY.

This form is to be completed and returned along with the signed *Waiver of Responsibility* to:

Prof. Vincent Jouane
Summer Language Institute in France—Paris
Department of Romance Languages and Literatures
310 North Ridgley Hall

Name _____
Local Address _____
Street/Campus Box # _____
City _____ State _____ Zip _____
Telephone Number _____ Email _____
Student ID# _____
Current year at Washington University _____

Parent's Name _____
Parent's Address _____
Street _____
City _____ State _____ Zip _____
Parent's Telephone Number _____ Parent's Email _____

Do you currently hold a U.S. passport valid through Dec., 2017? _____.
If you do not currently hold a U.S. passport valid through 2017 and you are a U.S. citizen, do you agree to apply for a passport before February 1, 2017? _____.
If you are not a U.S. citizen, do you hold a valid passport for travel to France _____ and a valid visa for return to the U.S. _____?

Current French Course _____
Current French Instructor _____
Confirm here that you have requested that a *French Instructor Evaluation Form* be completed by _____ (instructor's name) for submission on _____ (date).

Confirm here that you have requested that a letter of recommendation be completed by _____ (referee's name) on _____ (date).

Confirm here that you have requested a copy of your transcript from _____ (school name) on _____ (date).

SLIF Application Form 2

Sign here to indicate that you have reviewed and understood the information about the Institute contained on the program website: <http://rl.wustl.edu/SLIF>:

_____ signature

_____ date

FOR DEPT. USE ONLY:

Application received _____

Waiver of Responsibility _____

Transcript Received _____

Letters of Recommendation _____

French Instructor Evaluation _____

Accepted for Admission _____

Contract Mailed _____

