

Dual BA Program Between Columbia University and Sciences Po

DATE RECEIVED _____

Office of Admissions and Educational Financing
School of General Studies, Columbia University
408 Lewisohn Hall, Mail Code 4101
2970 Broadway
New York, NY 10027

PROGRAM INFORMATION

APPLICATION DEADLINE: January 2

ENTRY TERM

☐ Fall (September) Year _____

NAME

First (Given)	Middle	Last (Family)	Suffix
All Previous Surnames/Maiden Names		Preferred Name	

BIOGRAPHICAL INFORMATION

Sex	Date of Birth (Month, Day, Year)	Birth City	Birth State	Birth Country
Marital Status	Gender	Pronouns		

ADDRESSES

PERMANENT ADDRESS

MAILING ADDRESS

Street Address				Street Address			
Street Address				Street Address			
City	State	Country	Postal Code	City	State	Country	Postal Code
Valid From (Optional)		Valid Until (Optional)		Valid From (Optional)		Valid Until (Optional)	

EMAIL ADDRESS _____

TELEPHONE NUMBERS (INCLUDING +COUNTRY CODE) _____
Home Work Mobile

CITIZENSHIP INFORMATION

Primary Citizenship: _____
Residency Status: U.S. Permanent Resident ☐ Yes ☐ No
If yes, Green Card Number: _____

Dual Citizenship: _____
Social Security Number: _____
Current Visa Type: _____

LANGUAGE PROFICIENCY

Is English your first language? ☐ Yes ☐ No

What is your primary language? _____

Was English the primary language of instruction for your high school or secondary school? ☐ Yes ☐ No

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

Please describe your proficiency level in French.

Written _____

Verbal _____

FINANCIAL AID

Please read all financial aid instructions carefully before answering. Financial aid in the Dual BA Program includes grants, scholarships, and/or loans. If you indicate that you do not intend to apply for financial aid in BOTH questions below, you will not be sent financial aid application information.

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

CAMPUS CHOICE

Students in the Dual BA Program are able to choose one of five internationally-focused programs in which to spend their first two years in France: the Euro-Asia Program in Le Havre, the Middle East and Mediterranean Program in Menton, the Euro-Latin America Program in Poitiers, or the Euro-Africa or Euro-America Program, both located in Reims. Please indicate which of these programs you prefer. You will be asked to elaborate on the reasons behind these choices in the essay section, found in Part II of the application.

Students who wish to spend their first two years in the Euro-Africa Program (Reims campus) or the Euro-Latin America Program (Poitiers campus) must demonstrate fluency in French if it was not the primary language of instruction during their high school or secondary education. French fluency can be demonstrated by providing exam results showing the equivalent to a minimum score of B2 on the Diplôme d'études en langue française (DELFI).

☐ Minor Latin America and the Caribbean (Poitiers) ☐ Minor Asia Pacific (Le Havre) ☐ Minor Mediterranean and Middle East (Menton)

☐ Minor Africa (Reims) ☐ Minor North America (Reims)

EDUCATIONAL BACKGROUND

Please list and have official transcripts sent from all of the following schools you have previously attended or are currently attending. An official transcript is defined as one sent directly to us from the issuing school in a sealed envelope. Please do not recalculate your GPA and do not report if it is not printed on your transcript.

INSTITUTION Type	City/State/Country	Dates attended	Level of Study (Month, Year to Month, Year)	Institution/Degree (High School, Undergraduate, Graduate)
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Date Conferred or Expected	Field of Study	GPA (e.g., 4.0, 4.3, 5.0, 15, 100)	Date Transcript Ordered (Month, Date, Year)
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INSTITUTION Type	City/State/Country	Dates attended	Level of Study (Month, Year to Month, Year)	Institution/Degree (High School, Undergraduate, Graduate)
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Date Conferred or Expected	Field of Study	GPA (e.g., 4.0, 4.3, 5.0, 15, 100)	Date Transcript Ordered (Month, Date, Year)
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DID YOU GET A GED? ☐ Yes ☐ No If yes, state: _____ Score: _____ Date (Month, Day, Year): _____

DID EITHER OF YOUR PARENTS OR GUARDIANS EARN A BACHELOR'S DEGREE FROM A COLLEGE OR UNIVERSITY? ☐ Yes ☐ No

DOES YOUR HIGH SCHOOL OR SECONDARY SCHOOL HAVE A PUBLICLY AVAILBLE PROFILE DOCUMENT? THOUGH THESE ARE UNCOMMON OUTSIDE OF THE UNITED STATES, A HIGH SCHOOL PROFILE PROVIDES SUMMARY INFORMATION ABOUT THE SCHOOL. Yes ☐ No ☐

STANDARDIZED TESTS

All self-reported scores on this page will be considered unofficial. Applicants will still need to submit official scores, which must be sent directly from the testing service to the Office of Admissions. For SAT and TOEFL exams, the College Board ETS code number (SAT, AP, and TOEFL exam results) for the School of General Studies is 2095. For the ACT exam, the school code is 2716.

Please note that neither AP Exam results nor international high school exams (French Baccalaureat, German Abitur, British A-Levels, International Baccalaureate, etc.) can fulfill the standardized testing requirement. Please see the Standardized Testing section of the Dual BA Program website if you are unsure of which exam results to submit.

ACT	Test Date (Month, Day, Year)	Composite	English	Math
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Reading	Science Reasoning	Writing	English/Writing
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ALP ESSAY EXAM	Test Date (Month, Day, Year)	Score
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AP EXAM	Subject	Test Date (Month, Day, Year)	Score
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	Subject	Test Date (Month, Day, Year)	Score
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	Subject	Test Date (Month, Day, Year)	Score
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CAE	Overall Score	Test Date (Month, Day, Year)	CEFR Level
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CURRENT ENROLLMENT

FOV

APPLICANT INFORMATION

STUDENT TYPE

Please list, in order of preference, the academic area of interest that you are considering at Sciences Po: Economics and Societies, Politics and Government, Political Humanities. These preferences are nonbinding.

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

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, or the School of General Studies?

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

Date(s) (Month, Year): _____ Decision(s): _____

Applicants may not simultaneously apply to the Dual BA Program and to any other undergraduate division of Columbia University—Columbia College (CC), or The Fu Foundation School of Engineering and Applied Science (SEAS)—nor are candidates eligible to apply to the School of General Studies, including the Dual BA Program, if in the last three years they applied to Columbia College/Columbia Engineering and were not accepted.

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?

Division: _____ Date (Month, Year): _____

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

☐ Yes ☐ No If yes, please attach explanatory note.

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? [Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

☐ Yes ☐ No If yes, please attach explanatory note.

STUDENT HOUSING

All Dual BA students have access to housing during their time in the program. Each Sciences Po campus has a dedicated housing liaison and Columbia University offers University Apartment Housing. For more information, visit the Housing page on the Dual BA Program website.

Will you be applying for housing? ☐ Yes ☐ No

FOR OUR RECORDS

Did you attend an admissions information session before deciding to apply to the Program? ☐ Yes ☐ No Approximate Date (Month, Date, Year): _____

Have you conferred with any Columbia or Sciences Po 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.)

Have you applied ED I or ED II to another institution? ☐ Yes ☐ No

How did you hear about the Dual BA Program?

☐ College guidebook/website (which one?) _____

☐ College fair (where?) _____

☐ Current Columbia/Sciences Po/Dual BA student (who?) _____

☐ Columbia alumnus (who?) _____

☐ Academic Advisor/Guidance Counselor _____

☐ Advertisement (where?) _____

☐ Internet search/website (which one?) _____

☐ News article (which one?) _____

☐ Other _____

application for admission

FAMILY

If these lines do not permit you to present your complete family circumstances, please do so on a separate piece of paper.

HOUSEHOLD INFORMATION

Parents' marital status (relative to each other): _____ If divorced, what year? _____

With whom do you reside? (Parent 1 & 2, Parent 1, Parent 2, Legal Guardian, Independent, Spouse/Partner, Other) _____

Are you considered financially independent? ☐ Yes ☐ No

PARENT 1	Salutation	First Name	Middle Name	Last Name
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Former Last Name	Suffix	Gender
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Birth City	Birth State/Province	Birth Country
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U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	College/University Attended	Graduation Year	Degree
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Professional or Graduate School Attended	Graduation Year	Degree
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Living? ☐ Yes ☐ No

MAILING ADDRESS:	Street Address	City	State/Province	Country
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Postal Code	Preferred Phone Type (Cell, Home, Work)	Phone Number
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Email Address	Industry	Employer	Title/Position
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PARENT 2	Salutation	First Name	Middle Name	Last Name
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Former Last Name	Suffix	Gender
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Birth City	Birth State/Province	Birth Country
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U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	College/University Attended	Graduation Year	Degree
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Professional or Graduate School Attended	Graduation Year	Degree
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Living? ☐ Yes ☐ No

MAILING ADDRESS:	Street Address	City	State/Province	Country
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Postal Code	Preferred Phone Type (Cell, Home, Work)	Phone Number
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Email Address	Industry	Employer	Title/Position
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IS SOMEONE OTHER THAN A PARENT YOUR LEGAL GUARDIAN? ☐ Yes ☐ No

Relationship to You	Salutation	First Name	Middle Name	Last Name
Former Last Name	Suffix	Gender		
Birth City	Birth State/Province	Birth Country		
U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	College/University Attended	Graduation Year	Degree	
Professional or Graduate School Attended		Graduation Year	Degree	
Living? <input type="radio"/> Yes <input type="radio"/> No				

MAILING ADDRESS	Street Address	City	State/Province	Country
Postal Code	Preferred Phone Type (Cell, Home, Work)		Phone Number	
Email Address	Industry	Employer	Title/Position	

SPOUSE/SIGNIFICANT OTHER	Salutation	First Name	Middle Name	Last Name
	Suffix	Gender		
Birth City	Birth State/Province	Birth Country		
U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No	College/University Attended	Graduation Year	Degree	
Professional or Graduate School Attended		Graduation Year	Degree	
Living? <input type="radio"/> Yes <input type="radio"/> No				
Industry	Employer	Title/Position		

DEPENDENTS OF PARENT/GUARDIAN

DEPENDENT 1	Full Name	Relationship to You	Age
DEPENDENT 2	Full Name	Relationship to You	Age
DEPENDENT 3	Full Name	Relationship to You	Age

EMERGENCY CONTACT INFORMATION

Name	Relationship	Daytime Telephone	Evening Telephone	Email Address
Street Address	City	State	Country	Postal Code

OTHER FAMILY

FAMILY MEMBERS WHO HAVE GRADUATED FROM OR ARE ATTENDING COLUMBIA UNIVERSITY, SCIENCES PO, OR THE DUAL BA PROGRAM

NAME	Relationship to You	Division	Degree	Degree Year
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NAME	Relationship to You	Division	Degree	Degree Year
------	---------------------	----------	--------	-------------

NAME	Relationship to You	Division	Degree	Degree Year
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EMPLOYMENT AT COLUMBIA UNIVERSITY

MEMBERS OF YOUR IMMEDIATE FAMILY WHO WORK FOR COLUMBIA UNIVERSITY OR ITS AFFILIATES

Are you an employee of Columbia University or its affiliates? ☐ Yes ☐ No

If yes (Division, Title): _____

Do you have members of your immediate family who work for Columbia University or its affiliates? ☐ Yes ☐ No

If yes (Division, Title): _____

RELATIVE ONE	Name	Relationship to You	Division	Title
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RELATIVE TWO	Name	Relationship to You	Division	Title
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ESSAY

OPTIONAL PHOTOGRAPH

It would be helpful for academic advisors and admissions managers to have a headshot of you. While including a headshot is completely optional and will not impact your application negatively should you decide not to do so, we would appreciate your submitting one with this application.

ESSAY PROMPT

Describe why the Dual BA Program is the right fit for your academic goals, including details on why you have indicated your chosen geographical minor for years one and two at Sciences Po and your anticipated major at Columbia. How will your intended areas of study at Sciences Po and Columbia complement one another? Please also describe why you are a good fit for the Dual BA Program: How have your previous academic experiences prepared you for the Dual BA Program? Please be as specific as possible (750-1,000 words).

LETTERS OF RECOMMENDATION

Please list the names of the individuals to whom you have given the attached evaluation forms. Recommenders must use a school-affiliated email account. The admissions committee will not accept recommendation letters from personal email accounts.

Recommender 1: _____ Recommender 2: _____

PLEDGE

I certify that all the information I have provided in this application is complete and accurate, and I understand that submitting this application allows Sciences Po and Columbia University to share any personal and academic information that is relevant to the review of my file.

Signature

Date

LETTER OF RECOMMENDATION



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 and Educational Financing.

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

1. How long have you known the applicant?

2. In what capacity do you know the applicant?

☐ Student ☐ Academic Advisor ☐ Employee

☐ Intern ☐ Friend ☐ Other _____

3. 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)

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. **The deadline for receipt of letters is January 2. Thank you.**

NAME OF EVALUATOR

TITLE OF EVALUATOR

INSTITUTIONAL AFFILIATION

SIGNATURE

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