

## application for admission

### 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 Codo 2970 Broadway New York, NY 10027	2 4101						
PROGRAM INFORMA	TION						
APPLICATION DEADLINE: Jan	uary 2						
ENTRY TERM							
O Fall (September) Year	_					1	,
NAME							
First (Given)		Middle		Last (Far	mily)	Suffix	
All Previous Surnames/Maiden N	ames	Preferred Nar	me	10			
BIOGRAPHICAL INFO	ORMATIO	N		E			
Sex	Date of B	irth (Month, Day,	Year)	Birth City	Birth	State	Birth Country
Marital Status  ADDRESSES	Gender	EF	Pronouns				
PERMANENT ADDRESS				MAILING ADDRESS	<b>;</b>		
Street Address	-			Street Address			
Street Address				Street Address			
City State	2	Country	Postal Code	City	State	Country	Postal Code
Valid From (Optional)	Valid Until (Opt	ional)		Valid From (Optional)	Valid U	Until (Optional)	
EMAIL ADDRESS							
TELEPHONE NUMBERS (INC	LUDING +COL		Iome	Work		Mobile	
CITIZENSHIP INFOR	MATION						
Primary Citizenship:			_	Dual Citizenship:			
Residency Status: U.S. Perman				Social Security Number:			
If ves, Green Card Number: Curren			Current Visa Type:				



LANGUAGE PROFICIENCY
Is English your first language? O Yes O No
What is your primary language?
Was English the primary language of instruction for your high school or secondary school? O Yes O 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)?  O Yes O No
Do you intend to apply for financial aid during years 3 and 4 of the Dual BA Program (Columbia University)? O Yes O 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-Asi 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 (DELF).
O Minor Latin America and the Caribbean (Poitiers) O Minor Asia Pacific (Le Havre) O Minor Mediterranean and Middle East (Menton)
O Minor Africa (Reims) O Minor North America (Reims)
Please note, your choice of program does not guarantee placement. Final program assignment will be determined by the Admissions Committee and discussed with the admitted candidate.



### application for admission

### **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	Le (Month, Year to Me	vel of Study onth, Year)	(High School, U	Institution/Degree Indergraduate, Graduate)
Date Conferred or Expected		Field of Study		G	PA (e.g., 4.0, 4.3, 5.	.0, 15, 100)	Date Transcript Ordered (Month, Date, Year)
INSTITUTION Type	City/State/Country		Dates attended	Le (Month, Year to Mo	vel of Study onth, Year)	(High School, U	Institution/Degree (indergraduate, Graduate)
Date Conferred or Expected		Field of Study		G	PA (e.g., 4.0, 4.3, 5.	.0, 15, 100)	Date Transcript Ordered (Month, Date, Year)
INSTITUTION Type	City/State/Country		Dates attended	Le (Month, Year to Mo	vel of Study onth, Year)	(High School, U	Institution/Degree indergraduate, Graduate)
Date Conferred or Expected		Field of Study		G	PA (e.g., 4.0, 4.3, 5.	0, 15, 100)	Date Transcript Ordered (Month, Date, Year)
DID YOU GET A GED?	Yes O No	If yes, state:		Score:	Date (Mon	th, Day, Year): _	
DID EITHER OF YOUR PAR	RENTS OR GUARDIAI	NS EARN A BACH	ELOR'S DEGREE FRO	OM A COLLEGE OR UI	NIVERSITY? O	Yes O No	
DOES YOUR HIGH SCHOOL UNITED STATES, A HIGH S  STANDARDIZED T  All self-reported scores or service to the Office of A General Studies is 2095. F	ESTS  In this page will be condmissions. For SAT	nsidered unofficia	al. Applicants will sti	BOUT THE SCHOOL.	Yes N	No ) h must be sent d	irectly from the testing
Please note that neither A etc.) can fulfill the standar results to submit.		· ·	,	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
ACT	Test Date (Month,	Day, Year)	Composite		English	Math	
Reading	Science Reasoning		Writing		English/Wr	iting	
ALP ESSAY EXAM			Test Date (Mont	h, Day, Year)	Score		
AP EXAM	Subject		Test Date (Mont	h, Day, Year)	Score		
	Subject		Test Date (Mont	h, Day, Year)	Score		
	Subject		Test Date (Mont	h, Day, Year)	Score		
CAE	Overall Score		Test Date (Mont	h, Day, Year)	CEFR Leve	1	



IB	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
IELTS	Test Date (Month, Day, Year)	Overall Band Score Listening	Reading Writing Speaking
SAT I	Test Date (Month, Day, Year)	Combined (CR+M+W)	Critical Reading
	Math	Writing	Essay Subscore
SAT II	Subject	Test Date (Month, Day, Year)	Sçore
	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
TOEFL Internet-based Test	Test Date (Month, Day, Year)	Total Score Listening Re	ading Writing Speaking
TOEFL Paper-based Test	Test Date (Month, Day, Year)	Total Score Listening Compre	chension Reading Comprehension
CURRENT ENROLL Listing courses you are curr as your course.		Test of Written English  your current grade for each course. If y	you have already graduated, enter "already graduated"

### **APPLICANT INFORMATION**

O Academic Advisor/Guidance Counselor

### STUDENT TYPE

Please list, in order of preference, the academic area of interest that you are cal Humanities. These preferences are nonbinding.	considering at Sciences Po: Economies and Societies, Politics and Government, Politi-			
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 ed	lucation.			
Have you ever applied to Columbia College, The Fu Foundation School of EO Yes O No If yes, please give the date(s) and the decision(s).	ingineering and Applied Science, or the School of General Studies?			
Date(s) (Month, Year):	_ Decision(s):			
or The Fu Foundation School of Engineering and Applied Science (SEAS)—Dual BA Program, if in the last three years they applied to Columbia College.				
Have you ever attended Columbia's American Language Program and/or Cor	ntinuing Education and Special Programs?			
O Yes O No If yes, which division(s) and when?				
Division:	_ Date (Month, Year):			
or provide an explanation, if the criminal adjudication or conviction has been ordered by a court to be kept confidential.]  O Yes O No If yes, please attach explanatory note.  STUDENT HOUSING	a, or other crime? [Note that you are not required to answer "yes" to this question, a expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise as. Each Sciences Po campus has a dedicated housing liaison and Columbia University			
Did you attend an admissions information session before deciding to apply to the	e Program? O Yes O No Approximate Date (Month, Date, Year):			
Have you conferred with any Columbia or Sciences Po representative about the	he 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				
Have you applied ED I or ED II to another institution? O Yes O No				
How did you hear about the Dual BA Program?				
O College guidebook/website (which one?)	O Advertisement (where?)			
O College fair (where?)	O Internet search/website (which one?)			
O Current Columbia/Sciences Po/Dual BA student (who?)	O News article (which one?)			
O Columbia alumnus (who?) O Other				



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? (Paren	t 1 & 2, Parent 1, Parent 2, Legal Guardiar	n, Independent, Spouse/Partr	ner, Other)	
Are you considered financially ind	ependent? O Yes O No			
	Ti N	26111.27		1
PARENT 1 Salutation	First Name	Middle Name	Last Name	1
Former Last Name	Suffix	Gender		1
Birth City	Birth State/Province	Birth Country		>
U.S. Citizen O Yes O No	College/University Attended	Graduation Year	Degree	
Professional or Graduate School	Attended	Graduation Year	Degree	
Living? O Yes O No				
MAILING ADDRESS:	Street Address	City	State/Province	Country
Postal Code	Preferred Phone Type (Cell, Hom	ne, Work)	Phone Number	
Email Address	Industry	Employer	Title/Position	
PARENT 2 Salutation	First Name	Middle Name	Last Name	
Former Last Name	Suffix	Gender		
Birth City	Birth State/Province	Birth Country		
U.S. Citizen O Yes O No	College/University Attended	Graduation Year	Degree	
Professional or Graduate School A	Attended	Graduation Year	Degree	
Living? O Yes O No				
MAILING ADDRESS:	Street Address	City	State/Province	Country
Postal Code	Preferred Phone Type (Cell, Hom	ne, Work)	Phone Number	
Email Address	Industry	Employer	Title/Position	

### IS SOMEONE OTHER THAN A PARENT YOUR LEGAL GUARDIAN? O Yes O No Relationship to You Middle Name Last Name Salutation First Name Former Last Name Suffix Gender Birth City Birth State/Province Birth Country U.S. Citizen O Yes O No College/University Attended Graduation Year Degree Professional or Graduate School Attended Graduation Year Degree Living? O Yes O No State/Province MAILING ADDRESS Street Address City Country Postal Code Preferred Phone Type (Cell, Home, Work) Phone Number Email Address Industry Employer Title/Position Last Name SPOUSE/SIGNIFICANT OTHER Salutation First Name Middle Name Suffix Gender Birth City Birth State/Province Birth Country U.S. Citizen O Yes O No College/University Attended Graduation Year Degree Professional or Graduate School Attended Graduation Year Degree Living? O Yes O No Title/Position Employer **DEPENDENTS OF PARENT/GUARDIAN** DEPENDENT 1 Full Name Relationship to You Age Relationship to You **DEPENDENT 2** Full Name Age Relationship to You **DEPENDENT 3** Full Name Age **EMERGENCY CONTACT INFORMATION** Name Relationship Daytime Telephone Evening Telephone Email Address Street Address City State Country Postal Code



### **OTHER FAMILY**

Signature

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
NAME	Relationship to You	Division	Degree	Degree Year
				1
	Relationship to You  T COLUMBIA UNIVERSITY IMMEDIATE FAMILY WHO WORK FOR (	Division  COLUMBIA UNIVERSITY OR	Degree  ITS AFFILIATES	Degree Year
Are you an employee of	Columbia University or its affiliates? O Ye	s O No		
If yes (Division, Title): _				
Do you have members o	f your immediate family who work for Colum	nbia University or its affiliates?	O Yes O No	
If yes (Division, Title): _				
		7 1 1 1 V	D	TT: 1
RELATIVE ONE	Name	Relationship to You	Division	Title
RELATIVE TWO	Name	Relationship to You	Division	Title
impact your application r	<b>GRAPH</b> cademic advisors and admissions managers to negatively should you decide not to do so, we experiences, both personal and academic, have	would appreciate your submittin	g one with this application.	
<ul><li> How have your acad</li><li> What are your acad</li><li> Successful essays sho</li></ul>	onal academic experience important to you addenic experiences prepared you for the Dual temic interests in, and aspirations for, the probability of the probability of the probability and describe specific element to complement the major you intend to follow	l BA Program? gram? nts of the Dual BA Program tha	t meet your needs as a student, as v	
admissions committee w	the individuals to whom you have given the a sill not accept recommendation letters from p	ersonal email accounts.		
Recommender 1:		Recommender	2:	
•	mation I have provided in this application is to share any personal and academic informa	*	~	ation allows Sciences Po

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 (I	Family) Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)		
		ts and Privacy Act of 1974 (Buckley Amendme to see specific confidential statements and letters	, , ,	*		
request recomm	endations, may wish	to preserve the confidentiality of those recomm	nendations, we are giving you an opportunit	y 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		
TO BE COMPLETE	F RECOMME D BY THE ACADEMIC/F ave you known the 2	PROFESSIONAL EVALUATOR	_	etterhead please provide an evaluation fications for undergraduate work in a		
2. In what capa	acity do you know th	ne applicant?		am. Please compare the applicant with		
O Student	O Academic A	dvisor O Employee	others known to you. This evaluation is to be mailed address above, or given to the applicant in a sealed env			
O Intern O Friend O Other			Please seal and sign the back flap of the envelope; submitted unopened by the applicant with his or			
-	rank this student in ght or worked with	comparison with the students	The deadline for receip	t of letters is January 2. Thank you.		
O Extraord	inary (One of the b	est I have worked with)	NAME OF EVALUATOR			
O Exception	nal (Top 5%)					
O Outstanding (Top 10%)			TITLE OF EVALUATOR			
O Superior	(Top 15%)					
O Above Average (Top 25%)			INSTITUTIONAL AFFILIATIO	)N		
O Average (	(Top 50%)		OVER A PRIME			
O Below Average (Lower 50% but recommended)			SIGNATURE			

THIS PAGE WAS INTENTIONALLY LEFT BLANK.

### 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)		
records, students may waive the right to	see specific confidential statements and letter	ent), which gives registered students the right s of recommendation. In the belief that applied mendations, we are giving you an opportunity	cants, and the persons from whom they		
O I waive the right to examine this	s letter	O I do not waive the right to examine this letter			
SIGNATURE	DATE	SIGNATURE	DATE		
LETTER OF RECOMMEN TO BE COMPLETED BY THE ACADEMIC/PRO  1. How long have you known the app	FESSIONAL EVALUATOR licant?	of this applicant's qualifie	tterhead please provide an evaluation cations for undergraduate work in a n. Please compare the applicant with		
<ol> <li>In what capacity do you know the a</li> <li>Student</li> <li>Academic Advi</li> </ol>		others known to you. This evaluation is to be mailed to address above, or given to the applicant in a sealed envelope. Please seal and sign the back flap of the envelope; the letter will submitted unopened by the applicant with his or her application.			
O Intern O Friend	O Other				
3. How do you rank this student in co you have taught or worked with?	omparison with the students		of letters is January 2. Thank you.		
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%)					
O Above Average (Top 25%)		INSTITUTIONAL AFFILIATION	N		
O Average (Top 50%)					
O Below Average (Lower 50% but	recommended)	SIGNATURE			

THIS PAGE WAS INTENTIONALLY LEFT BLANK.