

II. PARENT INFORMATION

Father's Name _____

Mother's Name _____

Address(if different from your permanent address) _____

Address(if different from your permanent address) _____

City _____ State _____

City _____ State _____

ZIP Code _____ Country _____

ZIP Code _____ Country _____

Home Tel. _____

Home Tel. _____

Work Tel. _____

Work Tel. _____

Cell _____

Cell _____

Email _____

Email _____

Who should be notified in case of an emergency? Father Mother Either Other

If you have checked Other:

Name _____

Relationship _____

Address _____

City _____ State _____

ZIP Code _____ Country _____

Home Tel. _____

Work Tel. _____

Contact in Europe (if any)

Name _____

Country _____

Home Tel. _____

Work Tel. _____

Please list names of any relatives who have attended IAU. Give names, relationship and, if possible, dates of attendance.

Please indicate who will be responsible for the applicant's expenses for room, board, tuition, and other necessities by checking all that apply:

Self Parents Financial Aid Scholarships

III. CERTIFICATION AND RELEASE

I hereby make application for admission to the Institute for American Universities. I specifically agree, if admitted, to accept the supervision and authority of the President and the Center Director of my program throughout my association with the program and to conduct myself as a responsible representative of my college and country. I agree to pay all expenses incurred during my year/semester/summer abroad, including tuition, board, lodging, and travel, and to respect the conditions of tuition and fees payment as outlined at www.iaufrance.org/policies.iaux under financial policies. I understand that the Institute will charge a \$150 late fee for any payments (other than monies coming from financial aid disbursements) received after the due date as listed on my invoice and that I am responsible for any collection costs, interest charges, and reasonable attorney's fees should any collection action need to be taken against me. Furthermore, I understand that the Institute reserves the right to restrict me from sitting for final exams if my invoice is not paid in full. I understand, too, that timing for payment to IAU of monies coming from financial aid disbursements needs to be arranged with the IAU registrar prior to finalization of course registration.

Any reservations with regard to the above agreement should be stated here. _____

I understand that this is an application for full-time student status.* I understand that any credentials submitted on my behalf are confidential; any documents submitted in support of my application will not be released without my written permission to anyone other than authorized college personnel; and all credentials submitted in support of this application become property of the Institute for American Universities and cannot be returned.

My signature below indicates that I accept the preceding and assert that all information contained in my application is complete, factually correct and honestly presented.

Signature _____ Date _____

Name (Please Print) _____

Check here if you wish to have your name, email, college, and flight plans shared with other students. All other information submitted to IAU is kept strictly confidential.

*Full-time is 12-15 credit hours in fall and spring, 6 in summer.

HOUSING INFORMATION PREFERENCES AND SPECIAL NEEDS



INSTITUTE FOR
AMERICAN
UNIVERSITIES

This form must be mailed or faxed to:

Institute for American Universities
Office of Admissions
1830 Sherman Ave, Suite 402
Evanston, IL 60201

Tel. 800 221-2051 • Fax. 847 864-6897

Email: enroll@iaufrance.org • www.iaufrance.org

I. GENERAL INFORMATION

Living with French hosts is the best way to fully integrate into the culture and to practice the language in comfortable surroundings. Our hosts may be older, married couples, single parents, with or without children, or, in some cases, families with small children. They live in apartments or private homes, in town or just outside.

The homestay is carefully monitored and conforms to our standards. We realize that sometimes there are challenges and problems which arise. In these cases, we encourage students to visit the Housing Coordinator at the appropriate center to help solve the difficulties. All efforts are made to match a student's needs with what the host can provide. Students are advised to consult their respective IAU Housing Coordinator about any problems they may encounter.

The homestay is reserved for the duration of the program. Students who leave before the contracted time are not reimbursed.

Students are typically given the name of their host two weeks before the start of the program. Occasionally, however, last minute changes do occur, of which students will be notified at once via email.

I have read and understood IAU's housing policies, found at www.iaufrance.org/policies.iaux.

Note: Students planning on living independently need to sign off on these policies too.

Signed _____

Name (please print) _____

Email _____

Applying for Entrance:

- Fall 20____ semester
- Fall 20____ – Spring 20____ academic year
- Spring 20____ semester
- Summer 20____
- Avignon Summer Intensive

To the following program:

- The Aix Center — Aix-en-Provence
- The Marchutz School of Art — Aix-en-Provence
- Le Centre d'Avignon*— Avignon

Housing Questionnaire

LIVING WITH AN IAU HOST

The IAU strongly believes that living with a host in France is an integral and essential part of the language and cultural experience which is central to our mission. Therefore, except under very special circumstances, IAU students are housed with a French host, who provides, from the Saturday before classes start to Saturday noon after classes end, a "demi-pension" consisting of daily breakfast and six dinners per week, vacations included.

In order to match you up with the most appropriate host, please provide us with the following information:

1. Please describe your motivation for living with a French host. What do you expect to gain from this experience? What will you contribute?

II. PERSONAL PREFERENCES

1. Do you smoke? Yes No

2. Do you prefer to be placed in a smoke-free household? Yes No

3. Have you ever lived away from home for more than three weeks at a time? Yes No

4. Do you suffer from an allergy? Yes No If yes, please describe: _____

5. Do you have an allergy or any other aversions to household pets? Yes No If yes, please describe: _____

6. Do you have any dietary restrictions? Yes No If yes, please describe: _____

7. **For Aix and Marchutz students:** Are you requesting a specific roommate (to share a room) or housemate (to be together within a household but each in an individual room)? Yes No If yes, please explain: _____

8. **For Avignon students:** You are placed one per host in your own private bedroom.

The following questions, #9-13, are personal medical questions and are optional, but their answers could help us find a host who is better suited to accommodate your needs.

9. Are you currently under medical treatment for any reason that IAU and/or your host should be aware of? Yes No

If yes, please explain: _____

10. Are you currently under the care of a professional for a psychological or emotional condition for any reason that IAU and/or your host should be aware of? Yes No If yes, please explain: _____

11. Do you have physical or learning disabilities about which we should be aware? Yes No If yes, please explain: _____

12. What are your hobbies? _____

13. Do you have any other issues we should know about which will help us place you? _____

LIVING INDEPENDENTLY

I prefer to live independently and I will assume responsibility for finding my own place and dealing with all rental matters.

IAU discourages this arrangement because cultural immersion in a French household is central to the Institute's mission. However, under certain special conditions students may request to live independently.

- You will need the permission of your home institution and family if you are under 21.
- Note that the Institute does not provide help in finding an apartment; it is your responsibility.
- You should be aware that finding an apartment is extremely difficult, and rents are high. Apartment owners expect one month's rent in advance plus a deposit equal to one or two months' rent. The deposit is refunded if there are no outstanding bills or damage at the end of the stay. Students also pay heat, water, electricity and gas; linens are rarely provided.

If you want to pursue this option, please send an e-mail as soon as possible to **HousingAix@iaufiance.org for the Aix Center and the Marchutz School of Art** or to **HousingAvignon@iaufiance.org for Avignon students**, and explain your reasons for requesting this option.

ACADEMIC APPROVALS



INSTITUTE FOR AMERICAN UNIVERSITIES

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Office of Admissions
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Evanston, IL 60201

Tel. 800 221-2051 • Fax. 847 864-6897

Email: enroll@iaufrance.org • www.iaufrance.org

PLEASE PRINT CLEARLY OR TYPE

SECTION I (to be completed by applicant)

Name _____
Last/Family First Middle

College/University _____ City _____ State _____

Applying for Entrance:

- Fall 20____ semester
- Fall 20____ – Spring 20____ academic year
- Spring 20____ semester
- Summer 20____

To the following program:

- The Aix Center — Aix-en-Provence
- The Marchutz School of Art — Aix-en-Provence
- Le Centre d'Avignon* — Avignon

Applicants for the Aix Center: Before selecting your courses, please refer to the following course schedule to avoid scheduling conflicts: www.iaufrance.org/Aix/programs.iaux. Fall or spring semester students at the Aix Center are expected to enroll in five courses including at least one French course; if you are taking FRE 101 (Beginning French I), you must also enroll in a second French course, FRE 113. For an updated list of courses for a specific semester, please visit www.iaufrance.org/Aix/programs.aspx#courses. You should also print out the time schedule of courses for the semester so that you can avoid time conflicts. If you have questions about the time schedule or course selection process, please e-mail IAUAix@iaufrance.org.

Applicants for the Marchutz School of Art: Marchutz courses are viewable at: www.iaufrance.org/Marchutz/programs.aspx#courses. Semester applicants must also enroll in two courses at the Aix Center. Before selecting these courses, please refer to the following course schedule to avoid scheduling conflicts: www.iaufrance.org/AIX/programs.aspx#courses. If you have questions about the time schedule or course selection process, please e-mail marchutz@iaufrance.org.

Applicants for le Centre d'Avignon: Courses in Avignon are scheduled from Monday through Friday and there are no anticipated scheduling conflicts. Avignon courses can be viewed at: www.iaufrance.org/Avignon/programs.aspx#courses. If you have questions about the time schedule or course selection process, please e-mail avignon@iaufrance.org.

All Students

Semester students, please list the five courses you propose to take, plus two alternates. Summer applicants should select two courses and two alternates. Consult with the academic advisor at your home institution for approval of all selections. Upon acceptance students will be asked to confirm their choices. We ask you to select alternates because classes you have chosen may have filled.

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____
- alt. _____ alt. _____

APPLICANTS FOR THE AIX CENTER & THE MARCHUTZ SCHOOL OF ART — FRENCH PLACEMENT QUESTIONNAIRE

Please complete the following questions about the French courses you have previously taken.

- 1. Did you take French in high school? ___ No ___ Yes 2. If yes, how many years? _____ 3. What was your average grade, roughly? _____
- 4. Please list college-level French courses you have taken:

Semester/Quarter & Date	Level and Name	Grades

5. Please describe any special qualifications such as a parent who speaks French, residence or study in a French speaking country, or AP courses, AP exams, or AP credit received. _____

SECTION II (to be completed as indicated)

Statement from the Department of the Student's Major

I am familiar with the applicant's college course work and believe that her/his training and intellectual interest qualify her/him to benefit from study in France.

Signature _____ Name _____
please print or type

Title/position, department _____ Date _____

Tel. _____ Email _____

Statement from a French Teacher

Applicants for the Aix Center with previous French must have their French course selections approved by a French professor, and will be given a placement test prior to arrival. In the event that a student tests below the required level for credit at the home institution, please indicate what level must be taken to receive credit.

Note: If a student does not place at the desired level for credit, we will place the student as requested, but the class will nevertheless be conducted at its designated level.

Professor's Signature _____ Name _____
please print or type

Applicants for *le Centre d'Avignon* must submit the separate "Language Teacher Recommendation" form, obtainable from the US Office or at www.iaufrance.org/studentforms/downloader.iaux.

Study Abroad Approval

Is this student in good academic standing? Yes No If no, please explain. _____

Has this student secured the necessary approval from your institution to study abroad? Yes Approval Not Necessary No

If no, please explain. _____

Will the credit earned by this student at the Institute for American Universities be accepted toward this student's degree program at your institution?

- Yes, transfer credit is guaranteed
- Yes, but final approval cannot be granted until after the student completes the program
- Yes, but subject to the following conditions: _____
- No, for the following reasons: _____

Do you recommend this student? Yes Yes, with reservations (attach explanation of reservations) No

If you have additional comments, you may attach a separate sheet of letterhead. Thank you.

Dr/Mr/Mrs/MS(please print) _____ Position/Department _____

Institution _____ Address _____

City _____ State _____ ZIP Code _____

Tel. _____ Email _____

Signature _____ Date _____

RECOMMENDATION FROM A PROFESSOR



INSTITUTE FOR
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This recommendation must be mailed to:

Institute for American Universities

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Email: enroll@iaufrance.org • www.iaufrance.org

PLEASE PRINT CLEARLY OR TYPE

SECTION I (to be completed by applicant)

Name _____
Last/Family First Middle

Current/School Address _____ Valid Until _____

City _____ State _____ ZIP Code _____ Country _____

Tel. _____ Email _____

Permanent / Home Address _____

City _____ State _____ ZIP Code _____ Country _____

College/University _____

Applying for Entrance:

- Fall 20____ semester
- Fall 20____ – Spring 20____ academic year
- Spring 20____ semester
- Summer 20____

To the following program:

- The Aix Center — Aix-en-Provence
- The Marchutz School of Art — Aix-en-Provence
- Le Centre d'Avignon* — Avignon

SECTION II (to be completed by professor)

The above named student is applying to participate in the Institute's program and will be required to take five academic subjects per semester. Your candid evaluation of the applicant's preparation for such a program, in terms of academic ability and level of maturity and motivation, is important to us as we attempt to assess the candidate's suitability. Thank you for your assistance.

1. How long and in what capacity have you been acquainted with the applicant? _____

2. When and in what class(es) was the applicant your student? _____

3. Please describe the course. _____

4. Please indicate:	Excellent	Good	Fair	Poor	NA
a) Applicant's academic attributes					
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Applicant's reliability					
Class attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparedness for class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in class and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Applicant's suitability for study abroad					
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you rate the applicant's general abilities and potential in relation to others you have known at comparable stages in their university careers? upper 2% upper 10% upper 25% upper 50% lower 50%

6. Is s/he mature enough to make the cultural adjustments required both to benefit from and to contribute to this program? Yes No

7. If you were the Academic Director of the Aix or Avignon Center, would you be eager to have this applicant as a participant? Why? Why not?

8. Please provide any other comments you consider relevant to our consideration of this candidate. _____

Signature _____ Name (please print) _____

Title/position, department _____ Date _____

Institution _____

Address _____

City _____ State _____ ZIP Code _____ Country _____

Tel. _____ Email _____

Please check here if you wish to be added to IAU's mailing list.

LANGUAGE TEACHER RECOMMENDATION

FOR AVIGNON APPLICANTS ONLY



INSTITUTE FOR
AMERICAN
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This recommendation must be mailed to:

Institute for American Universities
Office of Admissions
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Evanston, IL 60201

Tel. 800 221-2051 • Fax. 847 864-6897

Email: enroll@iaufrance.org • www.iaufrance.org

PLEASE PRINT CLEARLY OR TYPE

SECTION I (to be completed by applicant)

Please complete the section below before giving this form to your most recent French instructor. Please note that applicants are responsible for ensuring the arrival of all materials necessary to complete their applications, including transcripts and letters of recommendation.

Name _____ Female Male
Last/Family First Middle

Current/School Address _____ Valid Until _____

City _____ State _____ ZIP Code _____ Country _____

Tel. _____ Email _____

Permanent / Home Address _____

City _____ State _____ ZIP Code _____ Country _____

College/University _____

Language Study

Languages _____

Number of **years** in high school _____

Number of university **semesters**
at **intermediate level or above** _____

List your current or most recent university course in French _____

Was the course conducted exclusively in French? Yes No

Were the students expected to write papers/exams in French? Yes No

Applying for year semester summer

SECTION II (to be completed by applicant's most recent French instructor)

The above named student, having taken at least two semesters of university intermediate French, is applying to participate in the Institute's Avignon program and will be required to take five academic subjects per semester (two in summer), all of which are conducted exclusively in French. Your candid evaluation of the applicant's preparation for such an immersion program, in terms of academic ability, of French language skills, and of level of maturity and motivation, is important to us as we attempt to assess suitability. Thank you for your assistance.

1. When and in what class(es) was the applicant your student? _____

2. Please describe the course, indicating the emphasis (e.g. speaking? writing? literary study/analysis). _____

3. French Language Skills:

	Excellent	Good	Fair	Poor
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a) Please rate the applicant's level of proficiency in the following skills:

Oral expression Excellent Good Fair Poor

Written expression Excellent Good Fair Poor

b) Please rate the applicant's ability and knowledge of:

Grammar Excellent Good Fair Poor

Sentence structure Excellent Good Fair Poor

Vocabulary Excellent Good Fair Poor

Reading comprehension Excellent Good Fair Poor

Aural comprehension Excellent Good Fair Poor

c) Please rate the applicant's:

Class participation Excellent Good Fair Poor

Class attendance Excellent Good Fair Poor

Preparedness for class Excellent Good Fair Poor

Interest in class and materials Excellent Good Fair Poor

4. In your opinion, is the applicant linguistically ready for a total immersion program? Yes No

5. Is s/he mature enough to make the cultural adjustments required both to benefit from and to contribute to this program? Yes No

6. If you were the Academic Director of the Avignon Center, would you be eager to have this applicant as a participant? Why? Why not? _____

7. Please provide any other comments you consider relevant to our consideration of this applicant. _____

Signature _____ Name _____

Title/position, department _____ Date _____

Institution _____

Address _____

City _____ State _____ ZIP Code _____ Country _____

Tel. _____ Email _____

Please check here if you wish to be added to IAU's mailing list.