A complete application is comprised of the following:

- Biographical and Academic Data form
- Signature on application of your study-abroad adviser, dean, or registrar
- Study Plan (Knox Students only)
- 300 word essay written in French
- Official copy of your transcript from each college/university attended
- Three academic references

**Signature of Study Abroad Adviser/Dean**

**Knox students**: this should be signed by the Dean of Students.

**Non-Knox students**: this should be signed by the official at your college who approves off-campus study such as a dean, study abroad adviser, or registrar. It is designed to ensure that you are a student in good standing at your home school and that you have received permission to participate in the Knox program. It will also facilitate in the transfer of credit, which will be issued through a Knox College transcript.

**Study Plan (Knox students only)**

The Study Plan is for Knox students only and is intended to ensure that off-campus study will fit into the applicant’s educational plan. It must be signed by the student’s academic adviser.

**Essay**

In French, please describe your French academic and cultural experience thus far: when you began studying French, courses taken, etc. In addition, please explain why you want to study in Besançon and what you hope to gain from studying there.

**Academic References**

Two of the three references should be from language professors and the other one should be your academic adviser or another faculty member who knows you well.

To be submitted to:
Eleanor Stellyes Center for Global Studies
Room 10, old jail
or:
Knox College Program in Besançon
2 East South Street, K-156
Galesburg, IL 61401
Phone: 309-341-7323  Fax: 309-341-7606

**Fees**

There is no application fee.

**Deadlines**

Knox employs rolling admission until April 1 for participation during Fall term or the full year; October 1 for participation during winter and spring terms.

**Late applications**

Students applying after the deadlines must send the $300.00 deposit together with their application. The deposit will be refunded if the applicant is not accepted by Knox College.

**Review process**

When your complete application is received, it will be reviewed by the program directors at Knox. As soon as a decision is made, usually within two weeks of the completion of the application file, applicants will be notified by mail.

To ensure our being able to communicate with you by e-mail, please add both of the following addresses to your online address book: officampus@knox.edu and sregiaco@knox.edu.

**Confirmation of Acceptance**

Your acceptance letter will contain a date by which you must submit a $300.00 deposit to confirm your spot in the program and a Program Acceptance form.

**Financial Aid**

**Knox students**: all financial aid you are currently receiving will be applied toward participation in this program.

**Non-Knox students**: if you receive financial aid from your college or university, you should consult immediately with your financial aid office to find out what portion of your aid package will apply to your period of study abroad. If you apply for Federal or State financial aid, do not send any government or bank forms to be signed by Knox College. These can be signed by your degree-granting institution. Please consult with your college financial aid office for assistance.
BIOGRAPHICAL AND ACADEMIC DATA FORM

Academic year: _______
Applying for: _____ Fall; _____ Fall/Winter; _____ Winter/Spring; _____ Full-year

Name as it appears on your passport: ______________________________________________________
(Last)   (First)  (Middle)

Gender: __F __M   Birthdate: / /  Citizenship: __________________________
(Middle)   (write name of month)   day   year

Student ID # (Knox students only)               SSN:____________________

Current College/University: ________________________________ Present class:  ____ F.Y.  ___ Soph.
____ Jr.    ___ Sr.

Your Current Campus Address (or Knox campus box #) _____________________________________
City, State, Zip: _____________________________________________________________________

College email address:________________________________________________   (This is the address we will use to
contact you with important program information.)

Permanent (not College) address and phone: Please list your permanent address below giving Street/City/State/Zip and country if other than US

Permanent home phone:_________________________   Cell phone:__________________________

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<th>Parent/Guardian</th>
<th>Father</th>
<th>Mother</th>
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<td>Business Telephone/Cell phone</td>
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<td>E-mail</td>
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<td>Address (if different from yours)</td>
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Passport Information: (Please note that you must have a passport valid for 6 months after your intended return to the US before you can apply for a visa.)

Current passport number: ___________________________ Expiration date:   /   /   
Is this a US passport?   If no, what is the issuing country?____________________ month   day   year

Have you ever been on academic or social probation: ___No   ___Yes (Please explain on a separate sheet of paper.)

Do you have any physical conditions that may require accommodation? If so, explain: ________________________________
____________________________________________________________________________________________

Upon acceptance into the program, a medical certificate provided by the program must be completed, signed by a physician, and returned to the program.

Are there any special needs that you would like the Director to be aware of? (optional) ________________________________
Academic Information

Probable major: ______________________________________________________

Cumulative GPA: ________   Last semester GPA:___________

French courses taken at the college level:

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<th>Course Title</th>
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Supporting materials required (checklist):
  o Attached study plan for Knox students only,
  o 300-word essay in French outlining your goals and preparation for this program,
  o signature on this form,
  o an official transcript,
  o three letters of recommendation (two from language professors and one from your academic adviser or another faculty member who knows you well. The recommendations should address:
    ▪ your academic performance
    ▪ character
    ▪ ability to pursue a course of study abroad

Please list the names of your recommenders and their email address
Name _____________________________ email:________________________________
Name _____________________________ email:________________________________
Name _____________________________ email:________________________________

YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL SIGNED/SUPPORTING MATERIALS HAVE BEEN RECEIVED.

Applicant signature:______________________________________ Date:___________________

Home College/University approval name and signature: signature of a dean, study abroad officer, or other College official approving this application and stipulating to the fact that the student is not on academic or social probation.

Printed name        Title
_____________________________________________ _________________________
Signature       Date

Mail or submit application and recommendations to
Knox College Program in Besançon
2 East South Street
K-156
For Knox Students Only

STUDY PLAN (page 1 of 2)
(To be signed by faculty adviser)

Student name: ____________________________ Graduation year: ______________

Off-Campus program: ____________________ Program adviser ____________________

Length of Program: _____ Year or ________ Fall ________ Winter ________ Spring

I. Credits

a. How many credits will you have completed prior to your off-campus study program? ______________

b. How many credits do you expect to earn through your off-campus study program?

Circle one: 3  4.5(semester program)  6  9(year)  Other ______ Please explain

c. Assuming that you earn this number of credits (b), how many credits will you have left to complete for graduation from Knox College (minimum 36 required)? __________________________

d. How many terms will you have left at Knox College after you return from your off-campus study program? __________________________

e. Can the number of credits indicated (c) be completed in the number of terms indicated (d)? (Assume a standard load of 3 credits per term.) _______ Yes _______ No

If your answer to (e) is “No”, please detail on a separate sheet your plan for completion of your degree.

II. Educational Plan Outline

In order to ensure that off-campus study is undertaken with due consideration to College graduation requirements, you must complete this basic outline of your Educational Plan. A complete Educational Plan is required normally by the end of your sophomore year. If however, your application for off-campus study is approved, this outline will constitute a completed educational plan. Complete the form below, discuss it with your academic adviser, and request your adviser’s signature below.

Program Requirements/Relevant Coursework

Please list completed prerequisites (courses) for your program and all other completed coursework relevant to your preparation for your proposed off-campus study program:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

List relevant program coursework you expect to complete prior to your departure:

__________________________________________________________________________
__________________________________________________________________________
List Foundations courses completed or yet to be completed with the proposed date of completion:

____________________________________

____________________________________

Specialization (proposed major):

________________________________

Second specialization (second major or minor):

________________________________

List major courses left to complete with proposed dates of completion:

________________________________

________________________________

________________________________

Do you expect to complete any courses toward your specialization during your off-campus program?

   _______ Yes _______ No

If yes, which ones?

________________________________

________________________________

Key Competencies

Have you completed the Foreign Language Key Competency? ______
   If not, when do you plan to complete it and with which language?

Have you completed the Quantitative Literacy Key Competency? ______
   If not, when do you plan to complete it?

I have reviewed this applicant’s Educational Plan Outline and Off-Campus Study Plan. I believe they present a good statement of the relevance of the proposed off-campus program for the applicant’s academic goals. (Please make additional comments if you wish.)

________________________________

(Printed name of academic adviser)

________________________________

(Signature of academic adviser)

Note to adviser: If this student has not already done so, please print a copy of the student’s EDR and attach it to this document.
Recommendation for ______________________________

(Please comment on the applicant's ability and achievement, dependability, personality, emotional stability and potential for successful adjustment to life and study in France.)

Date   Signature

____________________________   _____________________________________________________

Position   Name printed or typed

____________________________

College or University

Send to:
Campus Director
Knox College Program in Besançon
Knox College Box 156
Galesburg, IL 61401
Phone: (309) 341-7323
Fax: (309) 341-7606
Recommendation for

(Please comment on the applicant's ability and achievement, dependability, personality, emotional stability and potential for successful adjustment to life and study in France.)

Date   Signature

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Date ____________________________ Signature _____________________________________________________

Position __________________________ Name printed or typed __________________________________________

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