

Bard in New York City

GLOBALIZATION AND INTERNATIONAL AFFAIRS PROGRAM

APPLICATION FOR ADMISSION

This booklet contains: Application for Admission, Adviser's/Dean's Recommendation, Physician's Medical Statement, Applicant's Health Statement, Scholarship Application, and Academic Recommendations (2).

Application Checklist

- Completed application
- Official transcripts from schools attended
- Adviser's or dean's recommendation
- Two academic recommendations
- Resume
- One-page essay explaining what you hope to accomplish during your internship
- One-page essay explaining how this program fits into your overall career goals (if post-baccalaureate)
- One-page essay explaining why you would like to participate in BGIA and how it fits into both your academic and career plans
- Physician's medical statement
- Applicant's health statement

Application for Fall 20 ____ Spring 20 ____ Summer 20 ____

The Globalization and International Affairs Program works on the basis of rolling admissions. Primary consideration is given to students who apply before April 1 for the Fall, February 1 for the Summer, and November 1 for the Spring.

PERSONAL DATA

Name			Date of birth		
Last		First	Middle		Sex
Citizenship			Social Security number		
Current mailing address			Permanent mailing address		
Street			Street		
City	State	Zip	City	State	Zip
Telephone		E-mail	Telephone		E-mail
How did you hear about this program?					

EDUCATIONAL BACKGROUND

Current school				
(If post-baccalaureate student, list school most recently attended.)				
School address				
Street		City	State	Zip
School telephone				

Expected year of graduation

Major

GPA

FINANCIAL INFORMATION

Tuition for study at Bard in New York City will be paid by:

Name

Address

Telephone

Relation to applicant

Will you receive scholarship funds or other financial aid from your current institution for study at the Bard in New York City?

Yes No

If yes, specify the types and the amount of aid.

(*Note:* Students receiving financial aid should obtain a prior commitment from their school's financial aid office after admission to the Bard in New York City Program.)

Please check here if you would like to receive, in addition to your report card, an official transcript from Bard College.

AUTHORIZATION

The following section is to be signed by the applicant.

I certify that all information in this application is complete and accurate. I understand that Bard College reserves the right to dismiss any student who does not meet the school's academic and general behavior standards and that any student who is dismissed for any reason waives any refund of tuition. Bard College also reserves the right to cancel or revise programs as necessary.

Signature of applicant

Date

Applications will be processed in the order in which they are received, and applicants will be notified accordingly.

Late applications will be considered if space remains available.

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ADVISER'S/DEAN'S RECOMMENDATION

This statement is to be completed by the applicant's adviser or dean.

To the applicant: For the convenience of your referrer, complete the top portion of this form yourself and provide your referrer with a stamped envelope addressed to Bard Globalization and International Affairs, 36 West 44th St. Suite 1011, New York, NY 10036.

Applicant's name

Social Security Number

- Students register for three classes and an internship: a total of 16 credit hours.
- Formal course registration takes place during orientation at Bard in New York City.

ADVISER'S EVALUATION

The following section is to be completed and signed by the applicant's academic adviser, study-abroad adviser, or dean.

Applicant's name

This student is applying for admission to the Bard Globalization and International Affairs Program. Please answer the following questions regarding this student. Attach an extra page if necessary.

1. Is the applicant in good academic standing? Yes No

If no, please explain:

2. Has the applicant obtained approval from your institution to study in the Bard program? Yes No

If no, please explain:

3. Will the applicant be permitted to transfer credit for courses taken on a pass/fail basis? Yes No

4. The Bard in New York City Program demands a high level of maturity, flexibility, and self-discipline from its students. Based on your knowledge of the student's academic record and general social adjustment to college life, will the applicant be able to handle himself/herself well in demanding situations? Yes No

Name of adviser or dean

Telephone

Title

Signature of adviser or dean

Date

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ACADEMIC RECOMMENDATION

TO THE APPLICANT

This form is to be completed by a person, other than a friend or family member, who is familiar with your academic work. For the convenience of your referrer, complete the top portion of this form yourself and provide your referrer with a stamped envelope addressed to Bard Globalization and International Affairs, 36 West 44th St. Suite 1011 New York, NY 10036.

Note: Two (2) academic recommendations are required.

Applicant's name

Social Security number

I am applying to study at the Bard in New York City program in fall 20____ spring 20 ____ summer 20 ____

Under the provisions of the Family Educational Rights and Privacy Act

- I retain my right of access to information contained in this recommendation.
- I waive my right of access to information contained in this recommendation.

Signature of applicant

Date

TO THE REFERRER

The applicant named above is applying for admission to the Bard in New York City Program. Students are selected on the basis of academic ability and personal maturity. Please provide your frank opinion of the applicant's qualifications. Note that the applicant has been given the option of waiving or retaining the right of access to this recommendation. Please submit your response as soon as possible, as a late response may impair the applicant's admission to the program.

Applicant's name

1. For how long and in what capacity have you known the applicant?

2. Please assess the quality and level of the applicant's academic work, describing strengths and weaknesses.

3. How would you rate the applicant's ability to adjust easily to new or changing situations or environments?

4. Describe how the applicant relates to others, including teachers and peers.

5. Make any additional comments about the applicant's qualifications for participation in the Bard in New York City Program.

6. Make any additional comments about the applicant's qualifications for participation in the Bard in New York City Program.

7. I strongly recommend this applicant for the program.
 I recommend this applicant, but have reservations as noted above.
 I do not recommend this applicant for the program.

Name of referrer _____ Position or title _____

College or university _____

Address _____

Telephone _____

May we contact you if we have any questions about your recommendation? _____

Signature of referrer _____ Date _____

RETURN TO: Bard Globalization and International Affairs Program, 36 West 44th St. Suite 1011 New York, NY 10036
Phone: 646-839-9262 Fax: 646-839-9264 E-mail: bgia@bard.edu Website: www.bard.edu/bgia

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Applicant's name

1. For how long and in what capacity have you known the applicant?

2. Please assess the quality and level of the applicant's academic work, describing strengths and weaknesses.

33. How would you rate the applicant's ability to adjust easily to new or changing situations or environments?

4. Describe how the applicant relates to others, including teachers and peers.

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Signature of referrer _____ Date _____

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SCHOLARSHIP APPLICATION

Application for Fall 20____ Spring 20____ Summer 20____

The scholarship application deadline for the fall session is April 1. The scholarship application deadline for the summer session is February 1. The scholarship application deadline for the spring session is November 1.

Name

Last First Middle

Phone

E-mail

Permanent address

Street

City

State

Zip

SCHOLARSHIPS

A limited number of scholarships are available for students to study in the Bard in New York City Program. Scholarships are awarded on the basis of talent and financial need. Do you wish to be considered for a scholarship? Yes No

If yes, include a statement of why scholarship assistance for study in the Bard in New York City Program is important to you. Please describe any awards, honors, or recognition you have received and why you need scholarship assistance.

To help us identify your financial need, please enclose a copy of your FAFSA (Free Application for Federal Student Aid) Report; only Part I of the blue, multipage student-aid report is required. Other official notification of your financial status is also acceptable, such as a copy of your W-2 tax form.

I declare that I have demonstrable financial need. I understand that the intention of these scholarships is to enable talented individuals with limited financial resources to study in the Bard in New York City Program.

Signature of applicant

Date

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APPLICANT'S HEALTH STATEMENT

TO THE APPLICANT

Please provide an honest evaluation of your physical health by answering the following questions. If you answer yes to any of the following questions, explain below or on a separate sheet of paper, describing the details of the condition or treatment, including any medications taken. Please type or print neatly in black ink.

Applicant's name

Social Security number

Date of birth

1. Do you have any dietary restrictions or known food allergies? Yes No

2. Do you have any physical disabilities or impairments that might cause hardship as a result of a change in diet or strenuous travel, or that might otherwise affect participation in a study-abroad program? Yes No

3. Have you ever been diagnosed with any kind of learning disability? Yes No

4. Are you currently undergoing treatment for any condition? Yes No

5. Are you taking any medication? Yes No

6. Are there any concerns relating to your health or your family's health history that you would like us to know about? Yes No

7. Have you ever had any of the following?
 - a. A surgical operation (or have you been advised to have one?) Yes No
 - b. Treatment in a hospital or mental institution Yes No
 - c. A major illness such as rheumatic fever or tuberculosis Yes No
 - d. Allergies to medication Yes No
 - e. Other allergies Yes No
 - f. Disorders not specified above, including eating disorders Yes No

8. Do you have any conditions that could affect your adjustment to a new culture or to the academic program abroad? Yes No

Please explain below any yes answers to the questions above.

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PHYSICIAN'S MEDICAL STATEMENT

This statement is to be completed by the applicant's physician.

TO THE PHYSICIAN

In evaluating the applicant, please consider evidence of irritability, headaches, insomnia, depression, allergies, asthma, and other disorders, such as diabetes. Attach an extra page if necessary. Please type or print neatly in black ink.

Applicant's name _____

Social Security number _____

Date of birth _____

IMMUNIZATION RECORD

MMR Immunization dates ___/___/___; ___/___/___

Measles (rubeola) Immunization dates ___/___/___; ___/___/___;

or date of disease ___/___/___; or measles titer ___/___/___

Rubella Immunization date ___/___/___ or rubella titer ___/___/___

Mumps Immunization dates ___/___/___; or date of disease ___/___/___;

or mumps titer ___/___/___

Last DT booster ___/___/___ **Polio Ser. Comp.** ___/___/___

PPD ___/___/___ negative positive

Chest X ray ___/___/___ negative positive

Note: The health service requires that all students undergo a PPD skin test.

In the presence of PPD reaction measuring 10 mm x 10 mm diameter or greater duration, a chest X ray is required.

VACCINATION DEFICIENCIES

Measles (rubeola)

- Vaccination not documented
- Two-dose vaccination not documented
- Vaccinated before 1968
- Vaccinated prior to 12 months of age

Rubella

- Vaccination not documented
- Vaccinated before 1968
- Vaccinated prior to 12 months of age
- Titer result not given

Mumps

- Vaccination not documented
- Vaccinated prior to 12 months of age
- Titer result not given

Disease, Operation, or Injury Record

Period of Disability

From _____ to _____

From _____ to _____

I have examined _____ and believe that this individual is physically and mentally qualified to study abroad. This individual is free from tuberculosis and presents no evidence of communicable disease, overfatigue, or any other condition that would impair participation in a study-abroad program.

Name of physician _____

Address _____

Signature of physician _____

Date _____

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INTERNSHIPS

Name

Last

First

Middle

Current Institution

Application for Fall 20____ Spring 20____ Summer 20____

Please check all boxes corresponding to your internship interests.

- | | |
|---|---|
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> International Education |
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> International Law |
| <input type="checkbox"/> Corporate Social Responsibility | <input type="checkbox"/> Journalism/International Affairs Writing |
| <input type="checkbox"/> Disability Rights | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Global Public Health | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Region/Country of interest |
| <input type="checkbox"/> Immigration | _____ |
| <input type="checkbox"/> International Economics/Political Risk | |

ADDITIONALLY, YOU MUST SUPPLY:

Please visit the list of internships on our website (<http://www.bard.edu/bgia/internships>) and rank your top five choices below (in order):

1. _____
2. _____
3. _____
4. _____
5. _____

Please attach a one-page essay describing your interests in each organization you listed above.

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