



**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](http://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](mailto:enroll@iaufrance.org) • [www.iaufrance.org](http://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](http://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?

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## 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: \_\_\_\_\_

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

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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

**This form must be mailed 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

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](http://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](http://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](mailto:IAUAix@iaufrance.org).

**Applicants for the Marchutz School of Art:** Marchutz courses are viewable at: [www.iaufrance.org/Marchutz/programs.aspx#courses](http://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](http://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](mailto: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](http://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](mailto: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 \_\_\_\_\_

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**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](http://www.iaufrance.org/studentforms/downloader.iaux).**

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**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  
AMERICAN  
UNIVERSITIES

**This recommendation must be mailed 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

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?

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

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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  
UNIVERSITIES

### This recommendation must be mailed 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

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.