PARIS ON STAGE | EDITION 26



Field School Director / Faculty Instructor // Sara Harvey

APPLICATION FORM

Personal Information

Full legal name (as in your
passport)
Preferred First Name
Date of Birth
(MM/DD/YYYY)
V Number
Gender
-
Passport Number
Passport-Issuing Country
Citizenship Country
Expiry Year:
Dhono (Drimory)
Phone (Primary) Phone (Other)
Email
Home Address

Academic information

Your program (check appropriate box)	
☐ French Honours ☐ French Major ☐ French Minor ☐ None of the above; specify	
Year (check appropriate box)	
□ 1 st year □ 2 nd year □ 3 rd year □ 4 th year □ None of the above; specify	
Current GPA	
Credits to date	
Transcript Required	
I've attached a copy of my transcript to this form	
Emergency contact	
Name of relative	
Relationship	
Address	
City ProvincePostal code	
PhoneEmail	

List any medications and/or health considerations that we should be aware of (diabetes, allergies, etc)			
1. I authorize the verification of the information provided on this for Signature of applicant.	m. Date (month/day/year)		
Signature of guardian or parent if the applicant is less than 19 years of age	Date (month/day/year)		
2. I authorize the Department of French and Francophones studies and the photos taken during the Field School in which you appear for purposes of Signature of applicant	•		
Signature of guardian or parent if the applicant is less than 19 years of age.	Date (month/day/year)		
3. I accept the accommodation style proposed during the info session in between 2 and 5 students (same sex) share the same room. Signature of applicant	the youth youth hostel, where Date (month/day/year)		
Signature of guardian or parent if the applicant is less than 19 years of age	Date (month/day/year)		