



Semester Program

Jacques Lefevre Institute

44, avenue de la mer - 14810 Merville-Franceville - FRANCE

APPLICATION FORM

Fall Spring of 20_____

Please check the semester(s) and indicate the year for which you are applying.

Name: _____ Nick name: _____ Date of Birth: _____

Male: _____ Female: _____ Current College/University: _____

Please check your official class standing **at the end of** the current school year : Fr___ Soph___ Jr___ Sr___

Expected Graduation: Month _____ Year _____

Planned Major(s) and Minor(s) (or Undecided): _____

Please list name and course number for each college-level French class you are taking during this current school year (and letter grade achieved if course is completed):

a) _____ () b) _____ () c) _____ ()

Please list name and course number for each college-level French class taken prior to this current school year:

Course Title	Sem./Year	Letter Grade	Course Title	Sem./Year	Letter Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many years of high school French did you have? _____ year(s).

Your Address at School

Your Permanent Home Address

Box/Street _____

City, State, Zip _____

E-mail _____

Cell _____

Home Phone _____

Emergency Contact

Name _____

Phone/E-mail _____ / _____

Optional Information

Father's name

address

Email

Mother's name

address (if different)

Email

Have you previously spent time in France or a francophone country? No _____ Yes _____

If yes, please describe briefly your experience there, including when, length of time, and the nature of your visit.

1. How would this French Semester-Abroad program fit into your academic goals as well as your personal interests?

2. At this point in your life would you consider yourself to have a personal commitment to Jesus Christ? _____
If yes (or “think so”) how would you describe your spiritual life and relationship with Him? If no, could you give us a brief summary of your current understanding of Christianity?

3. Have you been subject to any behavioral discipline at a college or university? If so, we don’t need the fine details, but please give us your general summary and perspective on the event(s). (By signing this application, I also give permission to contact my college or university for a confidential reference.)

Do you have any medical conditions we should be aware of? Or medically-related dietary restrictions?

No _____ Yes _____ . . . If so, please note: _____

Do you play an instrument with which you would be willing to participate in student worship times?

No _____ Yes _____ . . . Instrument _____

By signing my name below, I understand that if accepted, I am affirming all of the following for the duration of my program in France.

- * That I am coming to participate fully in this semi-immersion experience, including speaking only French during the periods designated.
- * That in representing Christ, my home country, and my home university, I am fully committed to upholding the behavioral standards of the scriptures, the code of my home university catalog, as well as the customs and standards of the Institute and local believers in France.
- * And that in the unlikely event I fail to uphold this affirmation, I may be released from the program with possible forfeiture of all fees and with full responsibility for my own return home (including airline return ticket purchase or change fee).

Applicant Signature _____ Date _____

Merci beaucoup,
à bientôt!

The Jacques Lefevre Institute

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<http://jacqueslefevreinstitute.com>

