

**University of Maine System  
Project Maine-France-Quebec (PMFQ)**

**Application for Study at University of Maine System Partner Institutions in France and Quebec**

**Deadlines for submission:** These are set by the home campus early enough for the UMSystem review committee which meets each Spring on March 15. (see page 2 for the campus deadline and address)

**Eligibility:**

1. Students must be matriculated degree candidates (graduate or undergraduate) at one of the seven University of Maine System institutions throughout the time of application and study abroad;
2. A 2.5 minimum GPA for undergraduate students, and a 3.2 GPA for graduate students;
3. Two years (four semesters) of successful French language study at the University level (or equivalent) or documented native fluency in French. Applicants for Beaux Arts must have a minimum of two semesters of University level French study or documented equivalent proficiency.

**Application Procedures:**

Please submit this form and the following items to the Study Abroad Office on the University of Maine Campus at which you are enrolled as a degree candidate, by the appropriate deadline.

1. An official transcript
2. A typed essay of no more than 2 pages outlining your academic and personal reasons for wanting to study abroad at your host university and the basis of you choosing that institution, including the course of study you anticipate. Statements on financial plans for meeting costs of the exchange are also important to include.
3. Two academic references from home campus faculty members who have taught you. At least one reference should be from a faculty member in your major field of study. Please use the Study Abroad Reference Form; letters may be appended to the forms.
4. Budget estimate and itemization of funding sources.
5. Language proficiency assessment by home campus French professor, if formal study of French is not reflected on the University transcript.
6. Students are required to meet with their academic advisors to plan an appropriate course of study abroad.

Student name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Institution(s) to which you are applying (please list choices in order of preference up to 3):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Semester(s) away:     Fall 20\_\_                       Spring 20\_\_                       Full Academic Year 20\_\_-\_\_

Major(s): \_\_\_\_\_ GPA: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Valid through: \_\_\_\_\_

E-mail address\*: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

\* Note: Much of the communication regarding study abroad takes place via e-mail. In accordance with University of Maine System practice, e-mail communication will be through the University e-mail address (e.g.; [joe.janes@maine.edu](mailto:joe.janes@maine.edu))

UMFQ application for \_\_\_\_\_

Name

Student ID

Are you a U.S. Citizen? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Emergency Contact Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact e-mail address: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

I hereby authorize the University of Maine System to release any and all records pertaining to my conduct within the University of Maine System including, but not limited to, any incident reports, public disturbance notices, damage reports, and any judicial review records held by said office. These records are to be used by the International Programs professionals in determining my eligibility to participate in study abroad programs, and are not to be released to any other party without my written consent.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Academic Advisor authorization:** By signing this form, the academic advisor asserts that this student applicant has discussed the proposed plan of study in France as it relates to the completion of degree requirements.

Advisor's name (printed): \_\_\_\_\_

Advisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the complete application package to the University of Maine System campus at which you are enrolled as a degree candidate: Office of International & Exchange Programs, 252 Main Street, Farmington ME 04938 **by March 1<sup>st</sup> for fall/spring/academic-year** programs.

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*For Office Use:*

Signature of the University of Maine System home campus study abroad professional:

\_\_\_\_\_  
Name

UM System Campus

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: When submitting applicants for Beaux Arts study, please attach home campus endorsement from an Art faculty member who has reviewed the student's previous study of Art.

**University of Maine System Project Maine-France-Quebec (PMFQ)  
Study Abroad Reference Form**

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Destination University Abroad: \_\_\_\_\_ Country: \_\_\_\_\_

Period of Study Abroad Program: [ ] Fall 20\_\_ [ ] Spring 20\_\_ [ ] Full Academic Year 20\_\_ - \_\_

This student is applying to study abroad and would appreciate your comments on his/her characteristics with which you are familiar. Your frank and thoughtful evaluation will aid in the selection of students who will be able to cope with and benefit most from a period of study on exchange at another university. Thank you for your careful assessment of this student.

In what capacity are you acquainted with this student? \_\_\_\_\_

(Please check as appropriate)

<b>Characteristics</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Unable/Prefer not to Evaluate</b>
Competence in major or specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest & motivation	<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"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the reverse side of this form (or attach a separate sheet) to provide any information that you believe will be of assistance in the consideration of this candidate for participation in study abroad.

\_\_\_\_\_  
Your name (please print or type) Title

Signature \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

*Please submit to the student in a sealed envelope, signing the flap*