

Dual BA Program between Trinity College Dublin and Columbia University

DATE RECEIVED

Office of Admissions and Educational Financing School of General Studies, Columbia University 408 Lewisohn Hall, Mail Code 4101 2970 Broadway New York, NY 10027

PROGRAM INFORMATI	ON				
APPLICATION DEADLINE: Januar	y 2				
ENTRY TERM					4
O Fall (September) Year					
· · · / — —					4
				1	
NAME					
First (Given)	Middle	Last (Famil	y)	Suffix	
All Previous Surnames/Maiden Name	es Preferred Name			\mathcal{L}	
BIOGRAPHICAL INFOR	MATION	10			
Sex	Date of Birth (Month, Day, Year)	Birth City	Birth St	ate	Birth Country
Marital Status	Gender Pronouns				
ADDRESSES					
PERMANENT ADDRESS		MAILING ADDRESS			
Street Address	D.	Street Address			
Street Address		Street Address			
City State	Country Postal Code	e City	State	Country	Postal Code
Valid From (Optional) Valid	d Until (Optional)	Valid From (Optional)	Valid Un	ntil (Optional)	
FMAIL ADDDESS					
EMAIL ADDRESS					
TELEPHONE NUMBERS (INCLUD	ING +COUNTRY CODE)				
	Home	Work		Mobile	
CITIZENSHIP INFORMA	ATION				
Primary Citizenship:		Dual Citizenship:			
Residency Status: U.S. Permanent	Resident O Yes O No	Social Security Number:			
If yes, Green Card Number:		Current Visa Type:			
Personal Public Service (PPS) Nu					
Have you attended 5 or more year Confederation?	rs of primary and/or secondary school i	n the EU, in the European Econom	nic Area, in the	United Kingdo	m or in the Swiss



LANGUAGE PROFICIENCY
Is English your first language? O Yes O No
What is your primary language?
Was English the primary language of instruction for your high school or secondary school? O Yes O No
Which languages, other than English, do you speak fluently?
FINANCIAL AID
Please read all financial aid instructions carefully before answering. Financial Aid in the Dual BA Program includes grants, scholarships and/or loans. Students who are eligible for U.S. Federal Aid will be assessed and have their aid administered by Columbia University School of General Studies for all four years of the Dual BA Program, but scholarship funding is awarded separately by Trinity and Columbia University. If you indicate that you do not intend to apply for financial
aid in the questions below, you will not be sent financial aid application information.
Do you intend to apply for scholarships from Trinity College Dublin during years 1 and 2 of the Dual BA Program? O Yes O No
Do you intend to apply for scholarships from Columbia University during years 3 and 4 of the Dual BA Program? O Yes O No
Do you intend to apply for US Federal financial aid for any portion of the Dual BA Program? O Yes O No
PROGRAM CHOICE
Students in the Dual BA Program are able to choose one of four academic programs in which to spend their first two years in Dublin: English Studies, European Studies, History, or Middle Eastern and European Languages and Cultures. Please indicate which of these programs you prefer. You will be asked to elaborate on the reasons behind these choices in the essay section. For Irish and EU applicants, this programme choice must also be reflected in their CAO application.
O Classics O English Studies O European Studies O Film Studies O Geoscience O History O History of Art and Architecture
O Mathematics O Middle Eastern and European Languages and Cultures O Neuroscience O Philosophy O Religion
Please note that your choice of program does not guarantee placement. Final program assignment will be determined by the Admissions Committee and discussed with the admitted candidate.
COURSE-SPECIFIC MODULE CHOICES
Students entering the Dual BA Program in European Studies or Middle Eastern and European Languages and Cultures (MEELC) are asked to pre-select language (French, German, Italian, Polish, Russian, Spanish) and/or social science (Introduction to Economics, Introduction to Economic Policy, Introduction to Political Science, Introduction to Sociology) modules for their first year of study at Trinity College Dublin. These selections are non-binding.



EDUCATIONAL BACKGROUND

Please list and have official transcripts, formal school reports from the last two completed academic years, and any previously completed national exams sent from all all of the following schools you have previously attended or are currently attending. An official transcript is defined as one sent directly to us from the issuing school in a sealed envelope. Please do not recalculate your GPA and do not report if it is not printed on your transcript.

INSTITUTION Type	City/State/Country		Dates attended	Level of (Month, Year to Month	of Study n, Year)	(High School, Un	Institution/Degree dergraduate, Graduate)
Date Conferred or Expected		Field of Study		GPA ((e.g., 4.0, 4.3, 5.0,	15, 100)	Date Transcript Ordered (Month, Date, Year)
INSTITUTION Type	City/State/Country		Dates attended	Level of (Month, Year to Month	of Study n, Year)	(High School, Un	Institution/Degree dergraduate, Graduate)
Date Conferred or Expected		Field of Study		GPA ((e.g., 4.0, 4.3, 5.0,	15, 100)	Date Transcript Ordered (Month, Date, Year)
INSTITUTION Type	City/State/Country		Dates attended	Level (Month, Year to Month	of Study n, Year)	(High School, Un	Institution/Degree dergraduate, Graduate)
Date Conferred or Expected		Field of Study		GPA ((e.g., 4.0, 4.3, 5.0,	15, 100)	Date Transcript Ordered (Month, Date, Year)
DID YOU GET A GED?	Yes O No	If yes, state:		Score:	Date (Month	ı, Day, Year):	
DID EITHER OF YOUR PAR	RENTS OR GUARDIA	NS EARN A BACHEL	OR'S DEGREE FROM	A COLLEGE OR UNIV	ERSITY? O	Yes O No	
DOES YOUR HIGH SCHOOL			7		HOUGH THESE		ON OUTSIDE OF THE
COLLEGE ENTRA	NCE EXAMINA	TIONS					
All self-reported scores or service to the Office of A the ACT exam, the school	dmissions. The Col		* *				
Please note that neither A Baccalaureat, etc.) can full Program website if you an	fill the standardized	testing requirement	for the initial applica				
All students, regardless of	educational backgro	ound or citizenship,	must submit a stand	ardized exam result. So	ee the Dual BA	website for mo	re information.
ACT	Test Date (Month,	Day, Year)	Composite		English	Math	
Reading	Science Reasoning		Writing		English/Writin	ng	
AP EXAM	Subject		Test Date (Month	, Day, Year)	Score		
	Subject		Test Date (Month,	, Day, Year)	Score		



	Subject	Test Date (Month, Day, Year)	Score
CAE	Overall Score	Test Date (Month, Day, Year)	CEFR Level
IB	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
IELTS	Test Date (Month, Day, Year)	Overall Band Score Listening	Reading Writing Speaking
SAT I	Test Date (Month, Day, Year)	Combined (CR+M+W)	Critical Reading
	Math	Writing	Essay Subscore
TOEFL Internet-based Test	Test Date (Month, Day, Year)	Total Score Listening Rea	ding Writing Speaking
MINIMUM ACADEM	IIC QUALIFICATIONS	40	
English	Qualification	Exam Date (Month, Day, Year)	Grade
Mathematics	Qualification	Exam Date (Month, Day, Year)	Grade
Foreign Language	Qualification Proficiency	Level Exam Date (Mor	nth, Day, Year) Grade
Natural Sciences	Class Qualification	Level Exam Date (Mor	nth, Day, Year) Grade
CURRENT ENROLL	MENT		
Listing courses you are curr as your course.	ently taking is mandatory. Please include	e your current grade for each course. If y	ou have already graduated, enter "already graduated"



APPLICANT INFORMATION

STUDENT TYPE	
Please indicate your main area of academic interest during years three and four	r at Columbia University. This information is nonbinding.
Please list a career that you are considering pursuing after completing your edu	acation.
Have you ever applied to Columbia College, The Fu Foundation School of Er	projecting and Applied Science, or the School of General Studies?
O Yes O No If yes, please give the date(s) and the decision(s).	ignificantly and Applied Science, of the School of General Studies:
Date(s) (Month, Year):	Decision(s):
Have you ever applied to Trinity College Dublin?	
O Yes O No If yes, please give the date(s) and the decision(s).	
Date(s) (Month, Year):	Decision(s):
O Yes O No If yes, which division(s) and when?	January Saucenson and opening Tograms.
Division:	Date (Month, Year):
Have you ever been suspended or dismissed from any educational institution is O Yes O No If yes, please attach explanatory note.	ncluding Columbia University?
or provide an explanation, if the criminal adjudication or conviction has been	or other crime? [Note that you are not required to answer "yes" to this question, expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise se attach explanatory note.
STUDENT HOUSING	
All Dual BA Program students are guaranteed access to housing during their to campus. Student housing at Columbia University is offered through University	ime in the program. Trinity College Dublin offers university-approved housing close sity Apartment Housing.
Will you be applying for housing? O Yes O No	
FOR OUR RECORDS	
	Program? O Yes O No Approximate Date (Month, Date, Year):
Have you conferred with any Columbia or Trinity College Dublin representative	ve about the admissions process (e.g., admissions officer, coach, alumni, faculty)?
If yes, with whom?	
To what other colleges and universities are you applying? (Your answer will in	no way influence the admissions decision.)
7 117 3 1	,
Have you applied ED I or ED II to another institution? O Yes O No	
How did you hear about the Dual BA Program?	
O College guidebook/website (which one?)	O Advertisement (where?)
O College fair (where?)	O Internet search/website (which one?)
O Columbia/Trinity College Dublin/Dual BA student (who?)	O News article (which one?)
O Columbia alumnus (who?)	O Other
O Academic Advisor/Guidance Counselor	



EXTRACURRICULAR ACTIVITIES AND WORK EXPERIENCES

Please add your extracurricular, professional, and/or volunteer experiences below. You may also attach a résumé or C.V. to your application. If you choose to submit a résumé/C.V., the section below is optional and does not need to be completed.

ORGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry		Description	
ORGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry		Description	
ORGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry		Description	
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	Industry		Description	
ORGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
P	Industry		Description	
ORGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry		Description	
ARE YOU A U.S. VETERAN? O Ye	es O No			
If yes, please list your branch of service:				
HAVE YOU SERVED IN A FOREIGN N	MILITARY? O Yes O	No		
If so, please list the country:				
ARE YOU A MEMBER OF PHI THETA K	(APPA? O Yes O	No		



FAMILY

If these lines do not permit you to present your complete family circumstances, please do so on a separate piece of paper.

HOUSEHOLD INFORMATION				
Parents' marital status (relative to ea	ich other):	If divorced, what year?		
With whom do you reside? (Parent	1 & 2, Parent 1, Parent 2, Legal Guardiar	n, Independent, Spouse/Partr	ner, Other)	
Are you considered financially indep	pendent? O Yes O No			
PARENT 1 Salutation	First Name	Middle Name	Last Name	
Former Last Name	Suffix	Gender		
Birth City	Birth State/Province	Birth Country		
U.S. Citizen O Yes O No	College/University Attended	Graduation Year	Degree	
Professional or Graduate School At	tended	Graduation Year	Degree	
Living? O Yes O No				
MAILING ADDRESS:	Street Address	City	State/Province	Country
Postal Code	Preferred Phone Type (Cell, Hom	ne, Work)	Phone Number	
Email Address	Industry	Employer	Title/Position	
PARENT 2 Salutation	First Name	Middle Name	Last Name	
Former Last Name	Suffix	Gender		
Birth City	Birth State/Province	Birth Country		
U.S. Citizen O Yes O No	College/University Attended	Graduation Year	Degree	
Professional or Graduate School At Living? O Yes O No	tended	Graduation Year	Degree	
MAILING ADDRESS:	Street Address	City	State/Province	Country
Postal Code	Preferred Phone Type (Cell, Hom	ne, Work)	Phone Number	
Email Address	Industry	Employer	Title/Position	



Trinity College Dublin COLUMBIA UNIVERSITY DUAL BA PROGRAM Trinity College Dublin application for admission

IS SOMEONE OTHER THAN	A PARENT YOUR LEGAL	GUARDIAN? O	Yes O No		
Relationship to You	Salutation	First Name	Middle Name	Last Name	
Former Last Name	Suffix		Gender		
Birth City	Birth State/Provin	nce	Birth Country		
U.S. Citizen O Yes O No	College/Universit	y Attended	Graduation Year	Degree	4
Professional or Graduate School	l Attended		Graduation Year	Degree	1
Living? O Yes O No					
MAILING ADDRESS	Street Address		City	State/Province	Country
Postal Code	Preferred Phone	Type (Cell, Home, V	Vork)	Phone Number	
Email Address	Industry		Employer	Title/Position	
SPOUSE/SIGNIFICANT OTHER	Salutation	First Name	Middle Name	Last Name	
	Suffix	. Q	Gender		
Birth City	Birth State/Provin	nce	Birth Country		
U.S. Citizen O Yes O No	College/Universit	y Attended	Graduation Year	Degree	
Professional or Graduate School	l Attended		Graduation Year	Degree	
Living? O Yes O No					
Industry	Employer		Title/Position		
DEPENDENTS OF PAREN	T/GUARDIAN				
DEPENDENT 1	Full Name		Relationship to You	Age	
DEPENDENT 2	Full Name		Relationship to You	Age	
DEPENDENT 3	Full Name		Relationship to You	Age	
EMERGENCY CONTACT INF	ORMATION				
Name	Relationship	Daytime Teleph	one Evening T	Telephone	Email Address
Street Address	City	State	Country		Postal Code



OTHER FAMILY

FAMILY MEMBERS WHO HAVE GRADUATED FROM OR ARE ATTENDING COLUMBIA UNIVERSITY OR TRINITY COLLEGE DUBLIN

NAME	Relationship to You	Division	Degree	Degree Year
NAME	Relationship to You	Division	Degree	Degree Year
NAME	Relationship to You	Division	Degree	Degree Year
	T COLUMBIA UNIVERSITY	COLUMBIA UNIVERSITY OF	R ITS AFFILIATES	
Are you an employee of	Columbia University or its affiliates? O Ye	s O No		
If yes (Division, Title):				
	of your immediate family who work for Colur		O Yes O No	,
If yes (Division, Title): _				
RELATIVE ONE	Name	Relationship to You	Division	Title
RELATIVE TWO	Name	Relationship to You	Division	Title
PERSONAL STATEMED Describe how your of tions: • Why is an internat • How have your aca • What are your aca Successful essays she studies at Trinity Coaspirations. (750-1,0)	cional academic experience important to you a ademic experiences prepared you for the Dua demic interests in, and aspirations for, the pro- acute both identify and describe specific elements.	s shaped your decision to pursue s you consider the ways in which I BA Program? gram? ents of the Dual BA Program that to follow at Columbia Univer	e the Dual BA Program, using the f h it may influence your future? hat meet your needs as a student, as sity, and how this program is comp	well as explain how your patible with your future
	vill not accept recommendation letters from p			
Recommender 1:		Recommende	r 2:	
•	rmation I have provided in this application is bia University to share any personal and acade	*	~	cation allows Trinity Col-
Signature		Date		

LETTER OF RECOMMENDATION



O Below Average (Lower 50% but recommended)

408 LEWISOHN HALL • 2970 BROADWAY • NEW YORK, NY 10027 • 212.854.2772

To be completed by applicant before giving to recommender. Give one of these forms to each of the two recommenders you select. Ask the evaluator to write a letter and attach it to this form. Instruct the evaluator to enclose the letter in an envelope, sign it across the seal, and return it to you. Do not open this envelope or break the seal. Submit the sealed envelope containing your letters to the Office of Admissions and Educational Financing.

Applicant's Last (I	Family) Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)		
records, students	s may waive the right t	s and Privacy Act of 1974 (Buckley Amendm o see specific confidential statements and letter to preserve the confidentiality of those recom-	es of recommendation. In the belief that appli	cants, and the persons from whom they		
O I waive the	right to examine th	nis letter	O I do not waive the rig	tht to examine this letter		
SIGNATURE		DATE	SIGNATURE	DATE		
TO BE COMPLETE	F RECOMME D BY THE ACADEMIC/PI ave you known the ap	ROFESSIONAL EVALUATOR	4. On a separate sheet or le	etterhead please provide an evaluation		
			of this applicant's qualifi	ications for undergraduate work in a		
2. In what capa	icity do you know th	e applicant?		prous academic program. Please compare the applicant with ers known to you. This evaluation is to be mailed to the		
O Student	O Academic Ad	visor O Employee	·	to the applicant in a sealed envelope.		
O Intern	O Friend	O Other		ck flap of the envelope; the letter will be ne applicant with his or her application.		
-	rank this student in ght or worked with?	comparison with the students		t of letters is January 2. Thank you.		
O Extraord	inary (One of the be	est I have worked with)	NAME OF EVALUATOR			
O Exception	nal (Top 5%)		White of Evillentok			
O Outstanding (Top 10%)			TITLE OF EVALUATOR			
O Superior	(Top 15%)					
O Above A	verage (Top 25%)		INSTITUTIONAL AFFILIATIO	N		
O Average (0 (1 /					
	- F		SIGNATURE			

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LETTER OF RECOMMENDATION



O Below Average (Lower 50% but recommended)

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Applicant's Last (Far	mily) Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)
records, students n	nay waive the right to see s	pecific confidential statements and letter	s of recommendation. In the belief that ap	ight to inspect and review their educational plicants, and the persons from whom they tity to sign one of the following statements:
O I waive the ri	ght to examine this lett	er	O I do not waive the	right to examine this letter
SIGNATURE		DATE	SIGNATURE	DATE
TO BE COMPLETED I	RECOMMENDA BY THE ACADEMIC/PROFESS e you known the applican	IONAL EVALUATOR		r letterhead please provide an evaluation
2 In what capaci	ity do you know the appli		** *	llifications for undergraduate work in a gram. Please compare the applicant with
O Student	Academic Advisor		•	This evaluation is to be mailed to the
O Intern	O Friend	O Other	Please seal and sign the	n to the applicant in a sealed envelope. back flap of the envelope; the letter will be to the applicant with his or her application.
•	ank this student in compa nt or worked with?	rison with the students		ipt of letters is January 2. Thank you.
O Extraordina	ary (One of the best I ha	ve worked with)	NAME OF EVALUATOR	
O Exceptiona	al (Top 5%)			
O Outstandin	ng (Top 10%)		TITLE OF EVALUATOR	
O Superior (T	Cop 15%)			
O Above Ave	erage (Top 25%)		INSTITUTIONAL AFFILIA	TION
O Average (To	op 50%)		SIGNATURE	

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