

# APPLICATION FOR ADMISSION

CRITICAL THEORY WORKSHOP  
ATELIER DE THÉORIE CRITIQUE

SORBONNE - EHESS

PARIS, FRANCE

Rolling Admissions

Final Application Deadline: March 15

## Program Director

Professor Gabriel Rockhill

E-mail: gabriel.rockhill@gmail.com

All applications and queries should be e-mailed directly to the Director

## GENERAL INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

Present Address: \_\_\_\_\_

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Country

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Summer Telephone (if different): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Legal Residence: \_\_\_\_\_ Social Security # (U.S. only): \_\_\_\_\_

Native Language(s): \_\_\_\_\_

Languages and level (fluency, reading knowledge, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, notify:

Name(s): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

If you are not a U.S. citizen or resident and you are studying in the U.S., specify the type of your visa:

\_\_\_\_\_

Please note: Participants are responsible for having the appropriate visa(s).

Major field of study: \_\_\_\_\_

List, chronologically, all colleges and universities attended and degrees obtained:

Name of Institution:	Degree and Field of Study:
_____	_____
_____	_____
_____	_____
_____	_____

### PROJECT DESCRIPTION

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On the following page, please provide a description of the project on which you would like to work during the workshop. Your project can correspond to an article, a chapter, a lecture, a dissertation proposal, a book proposal, an artistic work or any other creative or intellectual endeavor. It can be at any stage, as long as it is not yet complete and you can make significant progress on it. There are no limitations on the topic, and it *does not* need to relate to a restricted conception of critical theory (such as the Frankfurt School tradition or any other specific heritage). Any interesting and rigorous intellectual or cultural project will be considered. *Please include a statement on how your project relates to the suppressed traditions in the academy—from Marxism and anarchism to anticolonial theory and much more—that are a particular focus of the CTW/ATC.*

## Project Title and Description

### OPTIONAL ARGUMENT FOR PARTIAL OR FULL TUITION REMISSION

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*Tuition remission is available in unique circumstances (e.g. excessive financial hardship, underprivileged background, affiliation with a collaborating institution such as the LASCO, enrollment in a Francophone university or in an institution of higher learning in “periphery” countries). If you would like to apply for full or partial remission, please e-mail the Director at the moment of your application with a specific and detailed account of your case.*

**ADDITIONAL INFORMATION**

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In addition to the information above, please also submit items 1-4 below:

- 1) A current curriculum vitae, which includes precise indications regarding your level of French in terms of years of study.
- 2) One copy or scan of your transcript from the college or university most recently attended (not required for faculty members). Students enrolled outside of the U.S. at institutions that do not regularly deliver transcripts should provide an equivalent document with an overview of their coursework and grades.
- 3) One letter of recommendation from someone who knows your qualifications should be e-mailed to the Director (as a message or attachment), and the name and contact information of another reference should be provided. Faculty members are not required to send letters of recommendation but should include the names and contact information of two references.\*
- 4) A signed membership agreement (see page 5). Scanned signatures are acceptable.

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Name of referee	Institution	Position
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Relationship to applicant	Years known
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Contact Information (e-mail and phone)

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Name of referee	Institution	Position
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Relationship to applicant	Years known
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Contact Information (e-mail and phone)

Please ask the first referee listed above to e-mail their letter directly to the Program Director (if you are not a faculty member).

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED** (scanned signatures are acceptable)

I hereby certify that the information on this application is complete and accurate:

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Applicant's signature	Date
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**CRITICAL THEORY WORKSHOP  
ATELIER DE THÉORIE CRITIQUE  
PARIS, FRANCE**

**CONDITIONS OF MEMBERSHIP / AGREEMENT AND RELEASE**

To Applicants (and their parents, where applicants are less than eighteen years old or otherwise not responsible for legal agreements):

The two agreements below are designed primarily to protect our group members and also, a necessary precaution, to protect the Critical Theory Workshop in the event that an emergency requires immediate action.

**CONDITIONS OF MEMBERSHIP**

1. The applicant agrees that the Director of the Critical Theory Workshop may at any time terminate her/his participation in the program if the applicant engages in action endangering or harming herself/himself or others. The applicant further agrees, if expelled from the program, to be responsible for all expenses incurred in return to the country in which she/he resides.
2. The applicant certifies that she/he has adequate accident and illness insurance and that proof of such insurance will be provided on request.
3. The applicant certifies that she/he has the required citizenship or visa that allows for residency in France for the full length of the program.

**AGREEMENT AND RELEASE**

I/WE, in consideration of permission granted by the Critical Theory Workshop to \_\_\_\_\_ (the participant) to participate in this intensive research program in France, have read and accept the Conditions of Membership, and I/WE, for myself/ourselves, my/our heirs, executors, and successors, hereby release and save harmless the Critical Theory Workshop, its director, coordinators, employees, and collaborators from any and all claims and causes of action for loss of property, personal injury, or death, sustained by me/us arising from out of any travel or activity conducted by or under the control of the Critical Theory Workshop.

Executed as a sealed instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness  
(Applicant) \_\_\_\_\_

Witness  
(Parent/guardian) \_\_\_\_\_  
(signatory of/generator of Agreement/Release)