

APPLICATION FOR TRANSFER ADMISSION

Name: _____
Last First Middle

Date of Birth: _____ Country of Citizenship: _____ SS# _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Email: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

1. Previous colleges & universities attended. List the most recent school attended on line a.

Name of school	City/State	Dates Attended	Credits Earned	Degree Earned
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a. _____

b. _____

c. _____

2. Transcript: Have an official transcript sent directly from all colleges attended to the Academic Services Coordinator at Simon's Rock. We cannot process your application until these are received. You may also have one of your instructors or a Dean write a recommendation to support your application.

3. Personal Statement: Describe your previous college experience and explain why you wish to transfer to Simon's Rock. Review our A.A. and B.A. programs as described in the catalogue and discuss what you hope to accomplish by coming to Simon's Rock.

4. S.A.T. Scores: Have an official copy of your scores sent to the Academic Services Coordinator. Simon's Rock CEED Code is 3795.

5. High School: If you have attended less than two years of college, list the high school you attended and have an official transcript sent to the Academic Services Coordinator.

Name of school	City/State	Dates Attended	Did you receive a diploma?
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6. Would you prefer to live on campus? Please check one: _____ yes _____ no

7. If you are under 25 years of age, please provide the following information:

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Telephone: (_____) _____

Telephone: (_____) _____

Who can we call in case of an emergency? _____

Telephone: (_____) _____

Relationship to student: _____

To whom should we send grades: _____

Bills: _____

8. Semester in which you would like to enroll: _____

Do you plan to attend full or part time?

Send this application and the supporting materials with a \$50.00 non-refundable application fee made out to Simon's Rock College to:

Susan Mower, Academic Services Coordinator
Bard College at Simon's Rock
84 Alford Road
Great Barrington, MA 01230

If you have questions, please call the Office of Academic Affairs at (413) 528-7246. If you would like an interview or the opportunity to discuss our programs, you can make an appointment to meet with the Dean of Academic Affairs by calling this number as well. If you wish to apply for financial aid, call the financial aid office directly to request the forms at (413) 528-7249.

Please sign here:

I hereby confirm that the information submitted with this application is accurate and true.

Signature of the Applicant

Date

9. Responding to this question is optional. Race: Please check one.

____ American Indian, Eskimo, or Aleut

____ Asian-American

____ Black/African-American

____ Hispanic (including Puerto Rican or Chicano)

____ White/Caucasian-American

____ Other (specify)

Decision of Academic Dean _____

Signature

Date