

Alfred University

Application for Freshman Admission

Office of Admissions
Alumni Hall, Saxon Drive
Alfred, NY 14802
PHONE- 800-541-9229 FAX- 607-871-2198
EMAIL- Uxa jggjcbg4 UZYX^YXI WEBSITE- www.alfred.edu

- A \$) \$ non-refundable Application Fee or fee waiver must accompany this application.
- Transfer students please contact the Office of Admissions for a transfer application.

THIS APPLICATION IS FOR THE FOLLOWING:

Full-Time Part-Time Student to enter: Fall Spring of the year: 200_____

PLEASE CHECK WHICH TYPE OF ADMISSION YOU ARE SEEKING:

- Early Decision (Alfred University must be first choice)
This option is open to all students who determine that Alfred University is their first choice. Students accepted under this program will be notified by December 15 and receive their financial aid package within two weeks. Accepted Early Decision candidates will withdraw all other college applications.
- Regular Decision
- Early Admission
Before high school graduation. Contact Office of Admissions for application information and procedures.
- I am a National Merit Semifinalist.
- I wish to be considered for the Presidential Scholarship.
(Refer to scholarship information on previous page.)
- I wish to be considered for the Dean's Scholarship.
(Refer to scholarship information on previous page.)
- I wish to be considered for the Jonathan Allen Award for Leadership.
(Refer to scholarship information on previous page.)
- I am interested in HEOP/EOP Programs. (Refer to description on previous page.)

APPLICATION FOR ADMISSION TO THE FOLLOWING COLLEGE: (Check only one.)

- College of Business _____
Tentative major (or undeclared)
- College of Liberal Arts & Sciences _____
Tentative major (or undeclared)
- School of Art & Design
(Portfolio required; deadline is Feb. 1) _____
Tentative concentration (or undeclared)
- School of Engineering _____
Tentative major (or undeclared)

PERSONAL DATA (Please type or print.)

Legal Name _____
Last First Middle Social Security Number _____

Female Male Preferred Name (nickname) _____ Former Last Name(s), if any _____

Home Address _____
Number Street City State Zip

Correspondence Address _____
Number Street City State Zip

Correspondence Address Phone _____ Home Address Phone _____
(area code) (area code)

E-mail Address _____ Are you a U.S. citizen? Yes No
State or Country of birth _____

Date of Birth _____

Place of Birth _____

If you are not a U.S. citizen, please check the appropriate box below:

- Permanent Resident "A" number _____
- Refugee "A" number _____
- International Type of Visa _____ Country _____
What school issued your I-20 _____
- Other

Have you ever been convicted of a misdemeanor and/or felony?
 Yes No If yes, please explain in an attached personal statement.

OPTIONAL INFORMATION: This data is solely voluntary. The information will be kept confidential and will not be used in the decision process.

- American Indian or Alaskan Native Asian or Pacific Islander Black/African-American (non-Hispanic)
 Hispanic/Latino (including Mexican American and Puerto Rican) White, Anglo, Caucasian (non-Hispanic) Other, specify _____
First language, if not English _____ Father's place of birth _____ Mother's place of birth _____

FAMILY DATA

_____ Is he living? Yes No

FATHER'S NAME

_____ Father's Occupation and Title

_____ Business Telephone with area code

_____ Name of Business

_____ Business Address

_____ Father's Home Address, if different than student's

_____ Father's College, if any

_____ Is she living? Yes No

MOTHER'S NAME

_____ Mother's Occupation and Title

_____ Business Telephone with area code

_____ Name of Business

_____ Business Address

_____ Mother's Home Address, if different than student's

_____ Mother's College, if any

Are your parents separated or divorced? Yes No If yes, with whom do you live? _____

If not with your parents, with whom do you make your permanent home? _____

Number of brothers and sisters _____ If applicable, list the colleges they attend: _____

_____ List names, graduation years, and relationships of Alfred University alumni relatives _____

ACADEMIC INFORMATION

For the following sections attach additional sheets of paper if necessary. Please list all secondary schools attended, with current school first:

| School | City/State | Dates of Attendance |
|--------|------------|---------------------|
| | | |
| | | |

| School | City/State | Dates of Attendance |
|--------|------------|---------------------|
| | | |

School/College Counselor _____ School Phone _____

Secondary School College Board Code: _____ If unknown, check with your school counselor or www.collegeboard.com

Is your school: Public Private Parochial

If you have not taken a standardized test, please indicate the date you plan to take the exam:

SAT I: _____ ACT: _____

TOEFL: _____ Other (SAT II, etc.) _____

List any Advanced Placement courses taken or currently in progress (include year of study): _____

List any college courses taken in high school with name of college awarding credit:

(Transferable credit for successfully completed college level courses may be awarded once an official transcript has been received from the institution granting credit.)

Course: _____ Institution: _____

Course: _____ Institution: _____

Course: _____ Institution: _____

HONORS AND AWARDS: (please attach additional pages as needed)

EXTRACURRICULAR AND PERSONAL ACTIVITIES

Please list your primary extracurricular and community activities during the past four years. Include specific events and/or major accomplishments, such as musical instruments played, varsity letters, leadership positions, honors, awards, and prizes you have received. Please use the right column to indicate those activities you wish to pursue while attending Alfred University. **Please attach additional pages as needed.**

| Activity | Grade level(s) or year(s) of participation | | | | Appx. hours spent per week | Positions held or honors won | Do you plan to participate in college | |
|----------|--|----|----|----|----------------------------|------------------------------|---------------------------------------|--------------------------|
| | 9 | 10 | 11 | 12 | | | <input type="radio"/> Yes | <input type="radio"/> No |
| _____ | | | | | _____ | _____ | <input type="radio"/> Yes | <input type="radio"/> No |
| _____ | | | | | _____ | _____ | <input type="radio"/> Yes | <input type="radio"/> No |
| _____ | | | | | _____ | _____ | <input type="radio"/> Yes | <input type="radio"/> No |
| _____ | | | | | _____ | _____ | <input type="radio"/> Yes | <input type="radio"/> No |

EMPLOYMENT EXPERIENCE (including internships, job shadowing, summer employment, etc.)

| Specific nature of work | Employer | Approximate number of hours per week | Approximate dates of employment |
|-------------------------|----------|--------------------------------------|---------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OTHER DATA

Do you plan to request financial aid from Alfred University? Yes No

If yes, you should file the required Free Application for Federal Student Aid (FAFSA) as soon as possible after January 1. For further information, call the **Financial Aid Office: (607) 871-2159.**

Have you visited the campus? Yes No

Please indicate how you first became interested in Alfred University. _____

List other colleges to which you have applied or will apply for admission (Optional). _____

Have you ever met with an Alfred University representative? Yes No Whom and where? _____

Have you met with an Alfred University alumnus/a? Yes No Whom and where? _____

REQUIRED ESSAY FOR FRESHMAN ADMISSION

We realize the previous questions reveal only a part of you as a candidate for admission to AU. This section is an opportunity for us to learn more about who you really are and your personal and academic goals. Your response to one of the topics below will help the Committee on Admissions understand your joys, challenges, and passions. If there are other circumstances surrounding your application or educational experience that you feel would be helpful information for the Committee, please include an additional personal statement. **Please attach your essay to the application. Make sure to include your name on all additional pages.**

1. Write an article about yourself that would appear in your local newspaper. Be sure to include a headline.
2. Briefly, why do you feel Alfred University is a good match for your academic and personal goals?
3. Build a web page on the Internet and give us the address. As part of the review process for your application, the Committee on Admissions will explore your web site. This essay option must also include a paragraph (submitted with your application for admission) sharing your creative process as you designed the web page.
4. Media and technology have had a significant impact on today's society. How have your ideals, experiences or goals been shaped by these influences? Write this in light of your relationships with others, such as parents, friends, etc.

APPLICANTS TO THE SCHOOL OF ART & DESIGN

Please respond to the following question **in addition to or in lieu of** the above essay question:

5. Over the past several years, how has your art transformed you and how have your artistic motivations and inspirations changed?

My signature indicates that, to the best of my knowledge, all of the information provided in this application is factually correct. Failure to provide accurate information may result in separation from the University.

Applicant's Signature

Date

Alfred University

Mid-Year Report

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PHONE- 800-541-9229 FAX- 607-871-2198
EMAIL- Uxa jggjcbg4 UZYX^YXi WEBSITE- www.alfred.edu

FRESHMAN APPLICANT SECTION (after completing the top section, please give this form to your school/college counselor)

By signing your name below, you grant permission to the proper secondary school official to provide Alfred University with the information requested on this form and any other additional information pertinent for completing this application.

Legal Name _____
Last First Middle

Home Address _____
Number Street City State Zip

Telephone _____ E-mail _____

Applicant's signature _____
Date _____

SECONDARY SCHOOL/COLLEGE SECTION

As soon as grades are available, **attach a transcript** to this form to report the applicant's grades for the first term of the current school year. Indicate if any are final grades, and note scores from any external examinations (e.g., New York State Regents examinations, International Baccalaureate).

CLASS RANK

Complete the items below or include this information with a separate transcript.

This applicant ranks _____ in: a college preparatory group an entire class of _____

This rank covers a period from _____ to _____ weighted unweighted
Month/Year Month/Year

Of the applicant's graduating class _____ % plan to attend (or attended) a four-year college.

If precise rank is not available, please indicate rank to the nearest tenth from the top _____.

CHANGES IN THE RECORD

We are interested in any significant additions to, or changes in, the student's academic, extracurricular, or character record since the initial secondary school report was submitted. If you have not submitted a letter of recommendation, please include a letter with this form. You may use the space below and the back of this form for your comments.

Signature _____ Please print name _____

Title _____ Date _____