

Alfred University

Application for Transfer Admission

Office of Admissions
1 Saxon Drive
Alfred, NY 14802
PHONE- 800-541-9229 FAX- 607-871-2198
EMAIL- admwww@alfred.edu WEBSITE- www.alfred.edu

• A \$40 non-refundable Application Fee must accompany this application.

THIS APPLICATION IS FOR THE FOLLOWING:

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

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

College of Business _____ Tentative major (or undeclared)
 School of Engineering _____ Tentative major (or undeclared)
 College of Liberal Arts & Sciences _____ Tentative major (or undeclared)
 School of Art & Design _____ (Portfolio required) Tentative concentration (or undeclared)

Check if you are interested in the HEOP/EOP Programs. (See qualifications.) Are you currently a participant in an HEOP/EOP program? Yes No

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 _____

Permanent Mailing Address _____
Number Street City State Zip

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

Correspondence Address _____
Number Street City State Zip

E-mail Address _____

Date of Birth _____

If NY State Resident, county: _____

Are you a U.S. citizen? Yes No

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: Ethnic origin. This data is solely voluntary. The information will be kept confidential and refusal to provide this information will not subject the applicant to any adverse treatment.

- 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 _____

FAMILY DATA

_____ Is he living? Yes No
FATHER'S NAME

_____ (_____) _____
Father's Occupation and Title Area code Business Telephone

_____ _____
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 Area code Business Telephone

_____ _____
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, classes, and relationships of Alfred University alumni relatives _____

SECONDARY SCHOOL DATA

Secondary School Attended _____
Name Address Dates Attended

Was your school: Public Private Parochial CEEB Code of Secondary School _____ (if you don't know, check out www.collegeboard.org)

High School Diploma received _____ or General Equivalency Diploma earned _____
Month/Year Month/Year

WORK EXPERIENCE

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

ACADEMIC AND SOCIAL DATA

Are you in good academic standing at the college you are currently attending or most recently attended? Yes No

Are you eligible to return to the last college that you attended? Yes No If no, explain _____

Reasons for wishing to transfer: _____

Do you have a college degree? Yes No If yes: Associate Bachelor Other

If not, will you have a college degree before entering Alfred University? Yes No If yes: Associate Bachelor Other

Date that degree was/will be granted: _____

List all colleges in order of dates attended, with the most recent college attended listed first. *Official transcripts must be requested from each college and sent to the Coordinator of Transfer Admissions.*

Name of College	2 or 4 year	Location	Public/Private/Church-Related	Dates Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACADEMIC AND SOCIAL DATA (continued)

List all current and/or future course work. Please indicate whether credits shown are quarter or semester hours.

Course Number	Course Name	Credit Hours	Date of Completion
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

EXTRACURRICULAR AND PERSONAL ACTIVITIES

Please list your primary co-curricular and community activities. Include specific events and/or major accomplishments. Please use the right column to indicate those activities you wish to pursue while attending Alfred University.

Activity	Approximate hours spent per week	Positions held or honors won	Do you plan to participate at AU?
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

Please list other activities you would like to become involved with at AU _____

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. Financial Aid Transcripts must be sent from all previous colleges to the AU Financial Aid Office. 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 ADMISSION

We realize that the previous questions reveal only part of you as a candidate for admission to Alfred University. Please provide the admissions committee with a written statement that describes any personal experiences or circumstances that have affected your educational performance and/or your interest in transferring. (Please attach additional sheets.)

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

Reference Report

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TRANSFER APPLICANT SECTION

To the Applicant: Fill in your name, address and proposed major. An individual (under whom you have studied or worked) who is able to assess your qualifications for transfer study should complete this form.

Name of Applicant _____
Last First Middle

Permanent Mailing Address _____
Number Street City State Zip

Tentative Major _____

If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here.

Applicant's signature _____
Date _____

TO THE RECOMMENDER

Name _____ Title/ Position _____

Business Address _____ Phone (_____) _____

How long have you known the applicant? _____ In what capacity? _____

In the space below, please comment on the applicant's aptitude for successful completion of a challenging baccalaureate program. The applicant's creative promise, leadership ability, maturity, intellectual capacity and character are qualities that you may wish to address in your recommendation.

Signature _____ Date _____

