

Complete this form and submit to the Skidmore Office of Admissions by November 15 if applying for spring enrollment or by April 1 if applying for fall.

OFFICE OF ADMISSIONS SARATOGA SPRINGS NEW YORK 12866-1632 PHONE: 800-867-6007 FAX: 518-580-5584

Legal name: \_\_\_\_\_  
Last First Middle (complete) Jr., etc. Sex

College Now Attending: \_\_\_\_\_  
Official Name City or Town State Zip Code

Applying as a transfer student for the term beginning: \_\_\_\_\_

In what ways have you become familiar with Skidmore? *Please check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> A. College Fair                              | <input type="checkbox"/> G. Personal interview with an alumnus/alumna              |
| <input type="checkbox"/> B. School visit by a Skidmore representative | <input type="checkbox"/> H. Contact with coach _____ <i>(name of coach)</i>        |
| <input type="checkbox"/> C. Attended off-campus reception             | <input type="checkbox"/> I. Special on-campus program _____ <i>(program, date)</i> |
| <input type="checkbox"/> D. Personal interview on campus              | <input type="checkbox"/> J. Skidmore alumni relatives _____                        |
| <input type="checkbox"/> E. Group information session on campus       | _____ <i>(name, relationship, year)</i>  |
| <input type="checkbox"/> F. Campus tour                               | <input type="checkbox"/> K. Other <i>(please specify)</i> _____                    |

In brief, why do you feel that Skidmore is a good match for your academic and personal goals?

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Community and citizenship are strongly valued at Skidmore. Please comment on ways you feel you could contribute as a member of the Skidmore community.

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