

SKIDMORE

C O L L E G E

**Summer Theater Workshop
SITI Company
June 13 – July 10, 2010
Graduate Credit Application**

Legal Last Name _____ Legal First Name _____ MI _____

Social Security # _____ Date of Birth (mm/dd/yyyy) _____

Gender: Male _____ Female _____ Are you a U.S. Citizen? Yes _____ No _____

Street Address _____

City _____ State _____ Zip or Postal Code _____

Country _____ Daytime Phone () _____

Home Phone () _____ Mobile Phone () _____

E-mail (please print clearly) _____

College/University Attended _____

Degree Awarded _____ Date Degree Conferred _____

Applicants for graduate study must provide an official transcript conferring a Bachelor's degree. Sealed official transcripts should be sent directly from the college or university to:

Darcy Bourassa
Office of the Dean of Special Programs
Skidmore College
815 North Broadway
Saratoga Springs, New York 12866-1632

I have requested my official transcripts

Please do not send money at this time; you will be billed under separate cover.