

# APPLICATION FOR TRANSFER ADMISSION

Office of Undergraduate Admissions  
263 Alden Street  
Springfield, MA 01109-3797  
(800) 343-1257 (413) 748-3136



C.H.  CA  FW  C.C.  
*For Office Use Only*

PLEASE PRINT

Name \_\_\_\_\_ Social Security Number   
Last First Middle (Please record accurately.)

Home Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Home Telephone \_\_\_\_\_  
City State Zip Area Code

Mailing Address (if different) \_\_\_\_\_ Effective until \_\_\_\_\_  
Number and Street

\_\_\_\_\_ Cell Phone \_\_\_\_\_  
City State Zip Area Code

Email Address \_\_\_\_\_

Sex  Male  Female Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Housing Preference  Resident  Commuter

Military Status  Non-Veteran  Veteran

Branch \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Anticipated Enrollment September \_\_\_\_\_ January \_\_\_\_\_  
year year

Are you a U.S. citizen/permanent resident?  Yes  No

What most influenced this application?

Alumnus/a  Campus Visit  College Fair  Current Student  Springfield College Website

Social Media  Viewbook  YMCA Professional

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic/Latino?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

In addition, select one or more of the following racial categories to describe yourself:

\_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Pacific Islander  
\_\_\_\_\_ White

**Please list all high schools you have attended, grades 9-12, or GED:**

Name of School	Location (City, State, Zip)	Dates Attended	CEEB Code

**Please list all colleges you have attended, starting with the most recent:**

Name of College	Location (City, State, Zip)	Dates Attended	Currently Enrolled
<input type="checkbox"/> two-year institution <input type="checkbox"/> four-year institution		<input type="checkbox"/> full time <input type="checkbox"/> part time	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> two-year institution <input type="checkbox"/> four-year institution		<input type="checkbox"/> full time <input type="checkbox"/> part time	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> two-year institution <input type="checkbox"/> four-year institution		<input type="checkbox"/> full time <input type="checkbox"/> part time	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> two-year institution <input type="checkbox"/> four-year institution		<input type="checkbox"/> full time <input type="checkbox"/> part time	<input type="checkbox"/> yes <input type="checkbox"/> no

Anticipated number of credits to be transferred: \_\_\_\_\_

Do you expect to have earned an associates degree prior to enrolling at Springfield College?  Yes  No

Have you previously applied to Springfield College?  Yes  No Date \_\_\_\_\_

Have you previously registered for courses at Springfield College?  Yes  No Date \_\_\_\_\_

Springfield College is committed to maintaining a safe environment for all members of the College community. As part of this commitment, the College requires applicants for admission to one of its programs of study who have been convicted of a felony or who have engaged in behavior that resulted in injury to any person or personal property or who have a history of formal disciplinary action at any college, university, or secondary school in which they were previously enrolled to disclose this information as a mandatory step in the admissions process. A previous conviction or previous misconduct does not automatically bar admission to the College, but does require review. With this in mind, please answer the following questions:

1. Have you ever been expelled, suspended, disciplined, or placed on probation by any secondary school, college or university you have attended?  Yes  No
2. Have you ever been convicted of a criminal offense (including juvenile court) other than a minor traffic violation or are there criminal charges pending against you at this time?  Yes  No

If you answered "yes" to either of these questions, please submit a letter of explanation. Also, if circumstances arise in the future that make your answers to the above questions inaccurate, misleading, or incomplete, you must provide the Office of Undergraduate Admissions with updated information.

Father or Guardian Name \_\_\_\_\_ Living?  Yes  No Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mother or Guardian Name \_\_\_\_\_ Living?  Yes  No Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Number of brothers and sisters: Older than self? \_\_\_\_\_ Younger than self? \_\_\_\_\_ At home? \_\_\_\_\_

Are you the first in your family to attend college?  Yes  No

**EMPLOYMENT (College and/or High School)**

Employer	Employment Date	Your Position or Duties	Hours per Week

**ATHLETICS (College and/or High School)**

Sport	Intramural Participation (If community, describe)	Years of Varsity Participation	Varsity Letters	Captain (✓)	Honors (explain)

**SCHOOL ACTIVITIES (College and/or High School)**

Dates of Participation	Activity

**COMMUNITY SERVICE INVOLVEMENT (College and/or High School)  
(YMCA, scouting, dramatics, church, tutoring, etc.)**

Activity	Dates of Participation	Offices Held	Honors or Titles Awarded (Explain)

**Indicate your choice of program. Please ✓ one only.**

- Accounting
- American Studies
- Applied Exercise Science
- Art
- Art Therapy
- Athletic Training (Dec. 1 deadline)
- Athletic Training/Physical Therapy
  - Undergraduate Major in Athletic Training
  - Doctorate in Physical Therapy (Dec. 1 deadline)
- Biology
- Communication Sciences and Disorders
- Communications/Sports Journalism
- Computer and Information Sciences
- Computer Graphics/Digital Arts
- Criminal Justice
- Dance
- Early Childhood Teaching Licensure
  - Major in Psychology
- Elementary Teaching Licensure
  - Choose one major:
    - American Studies
    - English
    - Mathematics
    - Computer Technology
- Emergency Medical Services Management
- English
- Finance
- General Business
- General Studies
- Health Care Management
- Health Science
- Health Promotion for Schools and Communities
- Health Teaching Licensure
  - Major in Health Promotion for Schools and Communities
- History
- Management
- Marketing
- Mathematics
- Mathematics and Computer Technology
- Movement and Sports Studies
- Nutritional Sciences
- Occupational Therapy (Jan. 15 deadline)
- Physical and Health Education
  - Teaching Licensure Major in Movement and Sports Studies
- Physical Education Teaching Licensure
  - Major in Movement and Sports Studies
- Physical Therapy (Dec. 1 deadline)
  - Undergraduate Major in Health Science
  - Doctorate in Physical Therapy
- Physician Assistant (Jan. 15 deadline)
- Psychology
- Recreation Management
- Rehabilitation and Disability Studies
- Secondary Teaching Licensure
  - Choose one major:
    - Biology
    - English
    - History
    - Mathematics
- Sociology
- Special Education Teaching Licensure
  - Choose one major:
    - American Studies
    - English
    - Mathematics
    - Computer Technology
- Sports Biology
- Sport Management
- Visual Arts Teaching Licensure
  - Majors in: Art, Art Therapy
- Youth Development

Profession or vocation you plan after graduation \_\_\_\_\_

Alternative \_\_\_\_\_

Are you considering a career in the YMCA?  Definitely  Possibly  No

If you have relatives who attended Springfield College, please list them giving relationship and class year (if known).

\_\_\_\_\_

Please give the name and address of a Springfield College alumnus/a you have known best (other than a relative).

\_\_\_\_\_

Name

Address

### WRITING-PERSONAL ESSAY

It is our hope to get to know you as well as possible through this application. Please submit on a separate sheet of paper a response to the following:

1. Please provide a statement that addresses your reasons for transferring and the objectives you hope to achieve.

In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Acts of 1998, Springfield College posts campus statistics at [springfieldcollege.edu/home.nsf/AnnualCampusSecurityReport](http://springfieldcollege.edu/home.nsf/AnnualCampusSecurityReport).

I understand that this application and all supporting credentials will be used for admissions purposes only. Disclosure of any information for official purpose will be at the discretion of the director of admissions.

As a prospective undergraduate or graduate student, I consent to the use of any photographic likeness of, video footage of, or any statement made by me, in the event Springfield College should wish to use them in any publication or advertisement.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(unless candidate is 18 years of age or over)

**Return this form with accompanying \$50 application fee (payable to "Springfield College") or appropriate fee waiver documentation to: Springfield College, Office of Undergraduate Admissions, 263 Alden Street, Springfield, MA 01109-3797.**

# SPRINGFIELD COLLEGE APPLICATION FOR TRANSFER ADMISSION



## TRANSFER COLLEGE REPORT

\*To be completed by a college official with access to academic and conduct records.

The following person has applied for admission to Springfield College. Please complete this report as partial fulfillment of the admission requirements. Upon completion, please return to the Office of Undergraduate Admissions, Springfield College, 263 Alden Street, Springfield, MA 01109-3797.

Student Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Address \_\_\_\_\_  
Street City State Zip

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

College/University completing this form \_\_\_\_\_

### ACADEMIC:

1. Is the above named student currently enrolled at your institution?  Yes  No
  - a. If yes, is he/she in good academic standing?  Yes  No  
Has he/she ever been on academic probation?  Yes  No
  - b. If no, what was the last date of his/her attendance at your institution? \_\_\_\_\_  
Month/Year

### CONDUCT REPORT:

2. Has the student been involved in a violation of policy?  Yes  No
  - a. If yes, please provide a written statement to give the approximate dates of each incident, explain the circumstances and the college's actions.
  - b. Would you welcome this student back to your institution?  Yes  No

Would it be helpful for a member of our staff to call you?  Yes  No

### EVALUATION BY:

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_

## SUPPORTING CREDENTIALS DEADLINES

Athletic Training and Physical Therapy: Jan. 15  
Physician Assistant and Occupational Therapy: Feb. 1  
All other majors:  
Spring enrollment: Dec. 15  
Fall enrollment: Aug. 1

Information provided on this form will be used for admission purposes only and will not become a part of the student's permanent record at Springfield College.

# SPRINGFIELD COLLEGE APPLICATION FOR TRANSFER ADMISSION



## ACADEMIC EVALUATION

Applicant Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

### **This form should be completed by someone other than a relative.**

We are sincerely grateful to you for your willingness to complete this reference form on behalf of the applicant for admission to Springfield College. The information requested is important and we request that this report be completed thoughtfully and thoroughly. By accepting this task, you share with us the responsibility in making an important decision.

Springfield College is primarily a professional and pre-professional school dedicated to educating young men and women to work in the human-helping professions. As many of our graduates will be working with young people, our evaluation process does consider personal qualities of the candidate as well as the caliber of student. This information is most helpful in our considerations.

We have attempted to identify several areas which will assist us in the evaluation of this applicant for admission.

Please feel free to add additional comments which might seem appropriate.

Upon completion, please return to the Office of Undergraduate Admissions, Springfield College, 263 Alden Street, Springfield, MA 01109-3797. Please accept our sincere thanks for your assistance.

### **EVALUATION BY:**

Name \_\_\_\_\_ Relation to applicant \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

Length of time acquainted with applicant \_\_\_\_\_

Please give a general statement of the applicant's intellectual and personal qualifications for successfully completing the intended undergraduate program. If you require more space than is provided, please use additional paper.

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Please rate the applicant in the following areas by checking the appropriate box.

	No Basis for Judgment	Below Average	Average	Good	Outstanding <small>(top 2 percent of all students you've recommended)</small>
Social-emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_