ALUMNUS/A INTERVIEW REPORT



Applicant's Name		
Address		
City	State	ZIP
Alumnus/a Name		
Address		
City	State	ZIP
Telephone (Home)	(Work)	
Position	S.C. Class	

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.

Guidelines:

- 1. An interview is encouraged of all applicants. The Alumnus/a Interview is designed for students who desire to interview, but are unable to have an on-campus interview.
- 2. Alumnus/a Interview Forms must be received by the following deadlines:
 - January 1—Early Decision I applicants
 - January 15 Athletic Training, Physical Therapy
 - February 1—Physician Assistant, and Occupational Therapy applicants
 - February 1—Early Decision II applicants
 - April 15—All other freshman applicants
- 3. Completed reports can be sent directly to:

Springfield College, Office of Admissions, 263 Alden Street, Springfield, MA 01109-3797.

You may also fax the report to us at (413) 748-3694.

1. How did the applicant come to know Springfield College? Why does the applicant feel Springfield College is an appropriate choice?

3. What does the applicant feel to be his o	r her academic strengths and weaknesses?
4. Of the school and community activities i meaningful to the applicant?	in which the applicant has participated, which seem to be most
5. What is your reaction to the applicant's type of person who would make a positi	maturity, sociability, and communication skills? Why is this the ive contribution to Springfield College?
6. On the basis of this interview, I recomm	nend the applicant for admission to Springfield College:
EnthusiasticallyStrongly	 Fairly strongly Do not recommend
Alumnus/a Signature	Date of Interview
Length of Interview	
-	
\Box I have been acquainted with the applicant f \Box I met the applicant for the first time for the	

2. What is the applicant's intended program of study? How did this interest develop?