

# APPLICATION FOR TRANSFER ADMISSION

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



C.H.  CA  FW  C.C.

*For Office Use Only*

PLEASE PRINT

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

Other Name (maiden name, preferred name, etc.) \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Number and Street (please include apartment number if needed)

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

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Area Code

Alternate Address (if different) \_\_\_\_\_ Is this a school address?  Yes  No  
Number and Street (please include apartment number if needed)

\_\_\_\_\_ Effective until \_\_\_\_\_  
City State Zip

Gender Assigned at Birth  Male  Female I identify my gender as \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Select your Citizenship  U.S. Citizen or U.S. Natural  U.S. Dual Citizen  U.S. Permanent Resident  
 U.S. Refugee or Asylee  Other (Non-U.S.)

Housing Preference  Resident  Commuter

Military Status  Non-Veteran  Veteran

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

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

What most influenced this application?

Alumnus/a  Campus Visit  Catalog  College Fair  Current Student  Reputation  
 Social Media  Springfield College Website  Viewbook  YMCA Professional  Other \_\_\_\_\_

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

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accounting<br><input type="checkbox"/> American Studies<br><input type="checkbox"/> Applied Exercise Science<br><input type="checkbox"/> Art<br><input type="checkbox"/> Art Therapy<br><input type="checkbox"/> Athletic Training*<br><input type="checkbox"/> Biology<br><input type="checkbox"/> Business Management<br><input type="checkbox"/> Communication Sciences and Disorders<br><input type="checkbox"/> Communications/Sports Journalism<br><input type="checkbox"/> Computer and Information Sciences<br><input type="checkbox"/> Computer Graphics/Digital Arts<br><input type="checkbox"/> Criminal Justice<br><input type="checkbox"/> Dance<br><input type="checkbox"/> Early Childhood Teaching Licensure<br>Major in Psychology<br><input type="checkbox"/> Elementary Teaching Licensure<br>Choose one major:<br><input type="checkbox"/> American Studies<br><input type="checkbox"/> English<br><input type="checkbox"/> Mathematics and<br>Computer Technology<br><input type="checkbox"/> Emergency Medical Services Management<br>Are you a certified EMT? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> English<br><input type="checkbox"/> Environmental Science<br><input type="checkbox"/> Finance<br><input type="checkbox"/> General Studies<br><input type="checkbox"/> Health Care Management<br><input type="checkbox"/> Health Promotion for Schools<br>and Communities<br><input type="checkbox"/> Health Science<br><input type="checkbox"/> Health Teaching Licensure<br>Major in Health Promotion for Schools<br>and Communities<br><input type="checkbox"/> History<br><input type="checkbox"/> Marketing<br><input type="checkbox"/> Mathematics<br><input type="checkbox"/> Mathematics and Computer Technology<br><input type="checkbox"/> Movement and Sports Studies<br><input type="checkbox"/> Nutritional Sciences<br><input type="checkbox"/> Occupational Therapy (Jan. 15 deadline)*<br><input type="checkbox"/> Physical and Health Education<br>Teaching Licensure Major in<br>Movement and Sports Studies<br><input type="checkbox"/> Physical Education Teaching Licensure<br>Major in Movement and Sports Studies | <input type="checkbox"/> Physical Therapy (Dec. 1 deadline)*<br>Undergraduate Major in Health Science<br>Doctorate in Physical Therapy<br><input type="checkbox"/> Physician Assistant (Jan. 15 deadline)*<br><input type="checkbox"/> Psychology<br><input type="checkbox"/> Recreation Management<br><input type="checkbox"/> Rehabilitation and Disability Studies<br><input type="checkbox"/> Secondary Teaching Licensure<br>Choose one major:<br><input type="checkbox"/> Art<br><input type="checkbox"/> Art Therapy<br><input type="checkbox"/> Biology<br><input type="checkbox"/> English<br><input type="checkbox"/> History<br><input type="checkbox"/> Mathematics<br><input type="checkbox"/> Sociology<br><input type="checkbox"/> Special Education Teaching Licensure<br>Choose one major:<br><input type="checkbox"/> American Studies<br><input type="checkbox"/> English<br><input type="checkbox"/> Mathematics and<br>Computer Technology<br><input type="checkbox"/> Sport Management<br><input type="checkbox"/> Sports Biology |
|--|--|---|

\*Fall entry only

**EDUCATION**

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

Name of School	Location (City, State, Zip)	Dates Attended	CEEB Code
<hr/>			
<hr/>			

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

Name of College (Please do not abbreviate college name.)	Location (City, State, Zip)	Dates Attended	Currently Enrolled
<hr/>			
<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
<hr/>			
<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
<hr/>			
<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
<hr/>			
<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 \_\_\_\_\_

**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)

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.

Parent or Guardian Name 1 \_\_\_\_\_ Living?  Yes  No Occupation \_\_\_\_\_

Associates Degree?  Bachelors Degree? Institution Attended \_\_\_\_\_

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

Parent or Guardian Name 2 \_\_\_\_\_ Living?  Yes  No Occupation \_\_\_\_\_

Associates Degree?  Bachelors Degree? Institution Attended \_\_\_\_\_

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

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).

\_\_\_\_\_

## 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 to: Springfield College, Office of Undergraduate Admissions, 263 Alden Street, Springfield, MA 01109-3797.**