

SARAH LAWRENCE COLLEGE

CENTER FOR CONTINUING EDUCATION

APPLICATION FOR ADMISSION

BACHELOR OF ARTS PROGRAM FOR ADULTS

Name in full _____ Date _____

Address _____
Street City State Zip

Telephone Number _____
Home Office

E-mail address _____

Date of birth _____ Social Sec. No. _____ Citizenship _____

Last High School attended and date of graduation _____

Colleges attended, dates, degrees _____

If previous transcripts are under a name other than above, please specify: _____

Academic term and year for which admission is sought _____

Will you need financial aid? Yes No

The completed application should be returned with a fee of \$50.00. In addition, please send:

1. Official transcripts of all completed college work
2. Transcript from last high school attended, if you have not attended college
3. Two letters of recommendation (no form required) from people who know you well enough to give an informed opinion about your intellectual ability and capacity for sustained effort.

All application materials should be sent to:

Center for Continuing Education • Sarah Lawrence College • 1 Mead Way • Bronxville, NY
10708-5999 • (914) 395-2205 • cce@sarahlawrence.edu

1. Discuss a social issue that concerns you, or write about an experience with some aspect of culture (e.g., literature, music, art, theater, film) that has been important to you.

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2. Please write about coming back to school. What do you hope to achieve? Why have you returned to school at this particular time in your life? What do you imagine will be the most difficult aspect of returning to school? The most pleasurable?

3. Please write a short autobiography.