

# Application for Admission

## 1. Entrance Information

I plan to attend beginning \_\_\_\_\_  
Year

My intended program of study is \_\_\_\_\_

Degree Sought:  MFA  MA  MEd  MS  MA/MSW  MA/JD

If you are a writing applicant, indicate genre:  Fiction  Nonfiction  Poetry

I plan on attending  Part Time  Full Time

*Please keep in mind that you must apply as a full-time student for the M.F.A. in Dance and the M.F.A. in Theatre programs.*

Have you ever applied for admission here before?  Yes  No Year: \_\_\_\_\_

Are you interested in Financial Aid?  Yes  No

Financial Aid forms can be found at [http://www.slc.edu/graduate/financial-aid/How\\_to\\_Apply\\_for\\_Aid.php](http://www.slc.edu/graduate/financial-aid/How_to_Apply_for_Aid.php)

## 2. Personal Data

Name: \_\_\_\_\_  
Last name First name Middle name

Other name(s) under which transcript might be filed: \_\_\_\_\_

Gender:  Female  Male

Date of birth: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
Month/day/year

\_\_\_\_\_  
Official telephone number Alternate telephone number

\_\_\_\_\_  
E-mail address Alternate e-mail address

### Current address

\_\_\_\_\_  
Street and number Apartment

\_\_\_\_\_  
City State Zip or postal code Country

Effective date(s): \_\_\_\_\_

### Permanent address

\_\_\_\_\_  
Street and number Apartment

\_\_\_\_\_  
City State Zip or postal code Country

Are you a U.S. citizen?  Yes  No

If no, state your country of citizenship: \_\_\_\_\_ and country of birth: \_\_\_\_\_

TOEFL score (if applicable) \_\_\_\_\_

Are you a U.S. Permanent Resident?  Yes  No

If yes, please provide your Alien Registration Transfer number: \_\_\_\_\_

If you are not a U.S. citizen or Permanent Resident, and are now in the U.S., check the type of visa you hold:

F-1  F-2  J-1  J-2  Other: \_\_\_\_\_

If you are a U.S. citizen or Permanent Resident, please note your ethnicity. (This item is optional.)

African-American, non-Hispanic

Hispanic/Latino

American Indian or Alaskan Native

White, non-Hispanic

Asian or Pacific Islander

Other \_\_\_\_\_

*Specify*

### 3. Education

Please list all colleges or universities you have attended, dates, degrees, and major field. An official transcript must be submitted for each institution you attended even if no credits were earned. Enter the date on which you ordered each transcript. If transcripts are under a different name, please specify that name:

\_\_\_\_\_  
*Name(s) of College/University*

\_\_\_\_\_  
*Dates attended*

\_\_\_\_\_  
*Degree/Major field*

\_\_\_\_\_  
*Date transcript ordered*

\_\_\_\_\_  
*Name(s) of College/University*

\_\_\_\_\_  
*Dates attended*

\_\_\_\_\_  
*Degree/Major field*

\_\_\_\_\_  
*Date transcript ordered*

\_\_\_\_\_  
*Name(s) of College/University*

\_\_\_\_\_  
*Dates attended*

\_\_\_\_\_  
*Degree/Major field*

\_\_\_\_\_  
*Date transcript ordered*

### 4. Professional History

List relevant business, professional, or volunteer training. Attach an additional sheet if necessary. You may attach a resume or curriculum vitae if you wish.

\_\_\_\_\_  
*Dates worked*

\_\_\_\_\_  
*Employer, Organization, or Agency*

\_\_\_\_\_  
*Description of Position*

\_\_\_\_\_  
*Full/Part Time*

\_\_\_\_\_  
*Paid/Volunteer*

\_\_\_\_\_  
*Dates worked*

\_\_\_\_\_  
*Employer, Organization, or Agency*

\_\_\_\_\_  
*Description of Position*

\_\_\_\_\_  
*Full/Part Time*

\_\_\_\_\_  
*Paid/Volunteer*

## 5. Extracurricular Activities

Please list professional awards, academic honors, fellowships, or publications.

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## 6. References

List those persons you have asked to submit letters of recommendation.

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Name

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Name

Your application and all material submitted in support of your application for admission become the property of Sarah Lawrence College and cannot be returned. This application and all the materials shall not be disclosed to any person not concerned with the professional development of the student.

## 7. Survey Questions (Optional)

What are your reasons for seeking a graduate degree?

- |   |   |
|---|---|
| <input type="checkbox"/> Academic/scholarly career      | <input type="checkbox"/> Nonacademic career       |
| <input type="checkbox"/> Personal enrichment            | <input type="checkbox"/> Enhance a current career |
| <input type="checkbox"/> Other: _____<br><i>Specify</i> |   |

How did you hear about the graduate programs at Sarah Lawrence College?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> SLC Web site                     | <input type="checkbox"/> Current student                | <input type="checkbox"/> Poster                         |
| <input type="checkbox"/> Other internet site: _____       | <input type="checkbox"/> Recruitment event              | <input type="checkbox"/> Viewbook                       |
| <input type="checkbox"/> Advertisement/Newspaper/Magazine | <input type="checkbox"/> Colleague/professional contact | <input type="checkbox"/> College professor              |
| <input type="checkbox"/> Workplace/reputation             | <input type="checkbox"/> Alumnae/i                      | <input type="checkbox"/> Other: _____<br><i>Specify</i> |

Are you applying to other graduate schools? (Optional)

- Yes  No

If yes, please list: \_\_\_\_\_

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Submit application and supporting materials and address all correspondence concerning your application to:

**Graduate Studies Office of Admissions**

**Sarah Lawrence College**

**1 Mead Way**

**Bronxville, NY 10708**

Should you have any questions, please contact the Graduate Studies Office of Admissions at:

**grad@sarahlawrence.edu** or **(914) 395-2371**.

By submitting this form, I certify that all answers on this application are complete and accurate to the best of my knowledge. I understand that incorrect or incomplete information submitted by me may result in delay, denial, or withdrawal of admission, financial assistance, or continued attendance.

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*Signature*

*Date*