



OFFICE OF ADMISSION
 370 Lancaster Ave. | Haverford, PA 19041-1392
 Phone: (610) 896-1350 | Fax: (610) 896-1338 | TTY: (610) 896-1436
 admission@haverford.edu | www.haverford.edu/admission

Application for Transfer Admission

Please print or type

Have you previously applied to Haverford? Yes No If yes, when? _____

Your name _____ Male Female
Last First Middle

Home address _____

Mailing address _____

E-mail address _____

Home phone _____ Mailing address phone _____

Birth date _____ Citizenship: U.S. U.S. Permanent Resident Other Country: _____

In what department are you likely to major? _____ Are you applying for financial aid? Yes No

The items in this section are optional

Social Security No. _____

What is your first language? _____ What language do you speak at home? _____

Place of birth _____ Marital status _____

- How would you describe yourself? Please check any that apply to you:
- African American, Black
 - Native American, Alaskan Native (tribal affiliation _____)
 - Asian American (country of family's origin _____)
 - Asian, including from Indian Subcontinent (country _____)
 - Hispanic, Latino (country _____)
 - Mexican American, Chicano
 - Native Hawaiian, Pacific Islander
 - Puerto Rican
 - White or Caucasian
 - Other (Specify _____)

List below the name of every secondary school and college/university you have attended. Please arrange them chronologically, current institution last.

INSTITUTION	LOCATION (CITY, STATE, ZIP)	DATES ATTENDED

T R A N S F E R F U L L - T I M E B A / B S D E G R E E



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ACT Date taken SAT Reasoning Test: CR /M /W Date taken

SAT Subject Tests: Subject Score Subject Score Date taken

If you have been employed (including summer employment), give record below:

<u>POSITION</u>	<u>EMPLOYER</u>	<u>DATES</u>	<u>HOURS PER WEEK</u>

Have you visited Haverford's campus? Yes No If yes, when? _____

Do you plan to live in campus housing? Yes No

How did you hear about Haverford? _____

Optional: Are you a member of the Society of Friends? Yes No If yes, please give the name of your meeting:

PERSONAL STATEMENT

HAVERFORD HAS AN EXTENSIVE STUDENT-RUN HONOR CODE; IT IS BOTH SOCIAL AND ACADEMIC IN ITS SCOPE. PLEASE BE SURE THAT YOU UNDERSTAND THE PRIVILEGES, RESPONSIBILITIES AND VALUES INHERENT IN OUR COMMUNITY BEFORE APPLYING.

Please write a statement describing your plans for continuing your education at Haverford. We would like to know about your academic and non-academic expectations. Tell us what you have gained from your college experience to-date, and your reasons for wanting to transfer.

Use separate sheets of 8 ½" by 11" paper, writing on one side only.

Your signature _____ Date _____

Haverford College does not discriminate in education or employment on the basis of sex, sexual orientation, race, color, age, religion, national origin, physical disability or handicap. This policy is consistent with relevant governmental statutes and regulations, including those pursuant to Title IX of the Federal Education Amendments of 1972 and Section 504 of the Federal Rehabilitation Act of 1973. Inquiries concerning Title IX and other policies of nondiscrimination may be referred to the Affirmative Action Officer, or to the Director of the Office for Civil Rights, US Department of Health and Human Services, Washington, DC.

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Dean's Form

Student name _____
Last *First* *Middle (complete)* *Jr. etc.*

Permanent address _____
Street *City* *State* *Zip*

Birth date _____ E-mail address _____

School _____
Official name *City* *State* *Zip*

TO THE CANDIDATE: After you have filled in the lines above, give this form to a College Official or your Dean.

TO THE COLLEGE OFFICIAL: We value your comments highly and ask that you complete this form in the knowledge that it may be retained in the student's file should the applicant matriculate at Haverford College. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students do have access to their permanent files which may include forms such as this one. We do not provide access to admission records to applicants, those students who are rejected, or those students who decline an offer of admission. Again, your comments are important to us and we thank you for your cooperation.

After filling in the blanks below, use the back of this form to describe the applicant. Please print or type.

Your name _____ Position _____

How long have you known the applicant, and in what context? _____

Is the applicant in good academic and social standing? _____

Office telephone _____ FAX _____
Area Code *Number* *Area Code* *Number*

E-mail address _____

College Official's Signature _____ Date _____

If you know the applicant personally, please feel free to write whatever you think is important about the applicant including a description of academic and personal characteristics. We are particularly interested in evidence about the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents and enthusiasm. We welcome information that will help us to differentiate this student from others. Please attach a separate letter, if you prefer.

D E A N ' S F O R M