



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

# Guest Student Application

*For students entering in September or January*

**Please print or type**

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

When do you wish to enroll this year?  Fall \_\_\_\_\_ Year  Spring \_\_\_\_\_ Year  full academic year \_\_\_\_\_ Year

Your name \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_

Mailing address \_\_\_\_\_

E-mail address (if active) \_\_\_\_\_  Male  Female

Home phone \_\_\_\_\_ Mailing address phone \_\_\_\_\_

Birth date \_\_\_\_\_ Citizenship:  U.S.  U.S. Permanent Resident  Other Country: \_\_\_\_\_

**The items in this section are optional**

Social Security No. \_\_\_\_\_ Marital status \_\_\_\_\_

What is your first language? \_\_\_\_\_ What language do you speak at home? \_\_\_\_\_

How would you describe yourself? Please check any that apply to you:

- African American, Black  Mexican American, Chicano/a
- Native American, Alaskan Native (tribal affiliation \_\_\_\_\_ )  Native Hawaiian, Pacific Islander
- Asian American (country of family's origin \_\_\_\_\_ )  Puerto Rican
- Asian, including from Indian Subcontinent (country \_\_\_\_\_ )  White or Caucasian
- Hispanic, Latino/a (country \_\_\_\_\_ )  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

A P P L I C A T I O N



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

A P P L I C A T I O N

**Parent 1:** Name \_\_\_\_\_  Living  Deceased

Occupation \_\_\_\_\_

College (if any, state where, when & degrees earned) \_\_\_\_\_

**Parent 2:** Name \_\_\_\_\_  Living  Deceased

Occupation \_\_\_\_\_

College (if any, state where, when & degrees earned) \_\_\_\_\_

Parents' marital status:  never married  married  widowed  separated  divorced (date \_\_\_\_\_)

If not with both parents, with whom do you make your permanent home? \_\_\_\_\_

If any of your relatives attended Haverford, please give their names and relationship to you:

\_\_\_\_\_

List the extracurricular activities in and out of school that have been important to you. Describe in full detail the role you play in each activity; the manner in which you acquired membership or leadership (election, appointment, etc.); the measures of your performance (times in track, letters won, chair in orchestra, special recognition or awards etc.); and the circumstances under which you developed any individual interests or activities (hobbies, recreational pursuits, etc.). Use additional sheets if necessary, but write on only one side.

<u>ACTIVITY OR INTEREST</u>	<u>SECONDARY SCHOOL</u>	<u>COLLEGE</u>

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

\_\_\_\_\_

SAT Subject Tests: Subject \_\_\_\_\_ Score \_\_\_\_\_ Subject \_\_\_\_\_ Score \_\_\_\_\_ Date taken: \_\_\_\_\_

\_\_\_\_\_





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

G U E S T S T U D E N T A P P L I C A T I O N

Have you visited the campus?  Yes  No If yes, when? \_\_\_\_\_ | [  require  prefer  don't want ] campus housing.

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

Please list the courses you would like to take at Haverford (consult the Catalog of Courses or [www.haverford.edu/academics/courses](http://www.haverford.edu/academics/courses)):

<u>Fall Semester, First Choice</u>	<u>Fall Semester, Second Choice</u>

**Personal Statement**  
 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 be a guest student.  
 Use separate sheets of 8 ½" by 11" paper.

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. (SEE [www.haverford.edu/code](http://www.haverford.edu/code))

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 about 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.

**Please mail this application to:**  
 Office of Admission  
 Haverford College  
 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



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

# 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