



# Admission

- Application for Transfer Admission and Scholarship

## Transfer Application Checklist

The following items are needed to complete an application for transfer admission:

- The application form submitted with a non-refundable application fee of \$30.
- Official high school transcript which includes date of graduation, the student's record of standardized testing (SAT or ACT) and final class rank.
- Official transcripts from **each** college attended.
- Course descriptions **or** syllabi **or** course catalogs for all courses taken at other institutions.
- One recommendation from a college professor or an academic advisor.
- Essay

**Application Priority Dates:**

Fall Semester                      by April 15  
Spring Semester                  by November 15

**Later applications are welcome  
if space is available.**

## Financial Aid Checklist

To be considered for financial aid, you should:

- Complete the PROFILE application on or after October 1, but should be completed a minimum of six weeks prior to the recommended March 1 filing deadline.

The PROFILE application must be completed online at <http://profileonline.collegeboard.com>.  
**Saint Mary's College code for the PROFILE is 1702.**

- Complete the Free Application for Federal Student Aid (FAFSA) after January 1, but before the recommended March 1 filing deadline.

The FAFSA can be completed electronically at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). **Saint Mary's code for the FAFSA is 001836.**



SAINT MARY'S COLLEGE  
Office of Admission  
Notre Dame, IN 46556  
574/284-4587 or 800/551-7621  
E-mail: [admission@saintmarys.edu](mailto:admission@saintmarys.edu)  
The Web: [saintmarys.edu](http://saintmarys.edu)  
FAX: 574/284-4841

# Application for Transfer Admission and Scholarship

Saint Mary's College Notre Dame, IN

## AUTOBIOGRAPHICAL INFORMATION Please type or print in ink.

Legal name \_\_\_\_\_  
LAST FIRST MIDDLE

Prefer to be called \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
MONTH/DAY/YEAR CITY/STATE/COUNTRY

Permanent address \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY COUNTY STATE ZIP CODE

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_ FAX number (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Social Security number(optional) \_\_\_\_\_

Mailing address, if different from above \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP CODE Telephone(\_\_\_\_\_) \_\_\_\_\_

To be used from \_\_\_\_\_ to \_\_\_\_\_ Religion (optional) \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

Race/Ethnicity (optional) Please check all that apply:  Hispanic  American Indian or Alaskan Native  
 African American  White  Asian American  Hawaiian or Pacific Islander

If you speak a language other than English in your home, please specify: \_\_\_\_\_

Are you a citizen of the U.S.?  Yes  No If not, are you a permanent resident?  Yes  No

What is your U.S. visa status and citizenship? \_\_\_\_\_

How long have you resided in the U.S.? \_\_\_\_\_

## APPLICATION STATUS

I plan to enter Saint Mary's College in  Aug  Jan \_\_\_\_\_ YEAR My intended major is: \_\_\_\_\_

Have you applied to Saint Mary's College before? \_\_\_\_\_ When? \_\_\_\_\_

I will enter as a: I will be a: My housing preference is:

<input type="checkbox"/> First Year	<input type="checkbox"/> Full-time Student	<input type="checkbox"/> On campus
<input type="checkbox"/> Sophomore	<input type="checkbox"/> Part-time Student	<input type="checkbox"/> At home, with parents
<input type="checkbox"/> Junior		<input type="checkbox"/> Off campus

**Beginning with the class of 2011, all students are required to live in college housing for 6 semesters, unless living at home within a certain radius of campus.**

## EDUCATIONAL BACKGROUND

Please list the colleges where you have completed college credits. Please provide official college transcripts for all college work completed.

**College or University you are currently attending:**

DATES ATTENDED	NAME OF COLLEGE OR UNIVERSITY	CITY	STATE	CREDIT HOURS COMPLETED
____/____ to ____/____	_____	_____	_____	_____

**Colleges or Universities previously attended (if you need additional space, attach as separate document):**

____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____
____/____ to ____/____	_____	_____	_____	_____

From which high school did you graduate? \_\_\_\_\_  Parochial  Independent  Public

High School Address: Number, Street, City, State & Zip Code \_\_\_\_\_ Year of High School Graduation \_\_\_\_\_

**FAMILY INFORMATION**

**Mother's Name** \_\_\_\_\_  Living  Not Living  
(DR., MRS., MS.) LAST FIRST MAIDEN

Position \_\_\_\_\_ Company or Firm \_\_\_\_\_ Work telephone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Business address \_\_\_\_\_

College \_\_\_\_\_ Degree/Area of Study \_\_\_\_\_ Year \_\_\_\_\_

Graduate/professional school \_\_\_\_\_ Degree/Area of Study \_\_\_\_\_ Year \_\_\_\_\_

Home address, if different from yours \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE Telephone (\_\_\_\_) \_\_\_\_\_

**Father's Name** \_\_\_\_\_  Living  Not Living  
(DR., MR.) LAST FIRST MIDDLE

Position \_\_\_\_\_ Company or Firm \_\_\_\_\_ Work telephone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Business address \_\_\_\_\_

College \_\_\_\_\_ Degree/Area of Study \_\_\_\_\_ Year \_\_\_\_\_

Graduate/professional school \_\_\_\_\_ Degree/Area of Study \_\_\_\_\_ Year \_\_\_\_\_

Home address, if different from yours \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE Telephone (\_\_\_\_) \_\_\_\_\_

**Name of legal guardian** \_\_\_\_\_  
(DR., MRS., MR., MS.) LAST FIRST

I make my permanent home with  both parents  mother  father  self  spouse  other

If spouse or other, name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE Telephone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

<b>Siblings:</b>	NAME _____	GENDER _____	DATE OF BIRTH _____ / ____ / ____	HIGH SCHOOL GRAD. YR. _____
	NAME _____	GENDER _____	DATE OF BIRTH _____ / ____ / ____	HIGH SCHOOL GRAD. YR. _____
	NAME _____	GENDER _____	DATE OF BIRTH _____ / ____ / ____	HIGH SCHOOL GRAD. YR. _____
	NAME _____	GENDER _____	DATE OF BIRTH _____ / ____ / ____	HIGH SCHOOL GRAD. YR. _____

Please list <b>relatives</b> (include maiden name) who are Saint Mary's alumnae or who are currently attending:	NAME _____	RELATION _____	DATES OF ATTENDANCE _____
	NAME _____	RELATION _____	DATES OF ATTENDANCE _____
	NAME _____	RELATION _____	DATES OF ATTENDANCE _____
	NAME _____	RELATION _____	DATES OF ATTENDANCE _____

**ACADEMIC INFORMATION**

If you are currently enrolled in college, please list the courses in progress: (Note whether they are semester, trimester, or quarter hours)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the date of completion of the term currently in progress:

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

If you plan to attend summer school, please answer the following:

COLLEGE NAME \_\_\_\_\_

List the intended courses:

\_\_\_\_\_

\_\_\_\_\_

Summer term dates:

BEGINNING DATE \_\_\_\_\_ COMPLETION DATE \_\_\_\_\_

Please give the full name and position of your recommender:

PROFESSOR'S OR ADVISOR'S NAME \_\_\_\_\_ POSITION \_\_\_\_\_

COLLEGE \_\_\_\_\_

Please indicate the major elements influencing your decision to apply to Saint Mary's:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIFIC ACADEMIC PROGRAM	CAMPUS VISIT	INTERVIEW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CURRENT SAINT MARY'S STUDENT(S) NAME(S):	SAINT MARY'S ALUMNA(E) NAME(S):	ON-CAMPUS PROGRAM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARENTS	H.S. GUIDANCE COUNSELOR	PHONE CALL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLLEGE NIGHT: LOCATION AND DATE	ADMISSION COUNSELOR (NAME)	COLLEGE COUNSELOR
<input type="checkbox"/>	<input type="checkbox"/>	
SAINT MARY'S WEB PAGE	OTHER: PLEASE SPECIFY	

So we may communicate appropriate information to you, are you planning to apply for **need-based financial aid**?  Yes  No

If you answered yes, please read the information regarding the CSS PROFILE and the FAFSA on the instruction page of this application.

Have you ever been convicted of a felony or violent crime **as an adult** (expunged records need not be reported)?  Yes  No

Have you been suspended or expelled from another institution of higher education, or do you currently have a pending disciplinary proceeding at another institution of higher learning?  Yes  No

If you answered yes to either question, please attach an explanation and any pertinent documentation.

**EXTRACURRICULAR ACTIVITIES**

Please list organized activities in which you have participated, in school or out of school. Use an additional page, if necessary.

ACTIVITY, ORGANIZATION OR SPORT	9	10	11	12	College	POSITIONS HELD, HONORS WON, OR SEASON PLAYED
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Which of these activities was most important to you and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in playing **varsity** sports for Saint Mary's?  Yes  No If yes, which sport(s) : \_\_\_\_\_

List any part-time or summer jobs you have had, dates of employment and the approximate number of hours worked per week.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on your reasons for transferring and the goals you hope to achieve at Saint Mary's College. Use additional page, if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESSAY**

Writing is an integral part of a Saint Mary's education. The Admission Committee would like to review a sample of your writing for clarity of thought and creativity. **Select one of the following topics and compose an essay of two typewritten pages or 250 words. You may email your essay, including your full name and social security number to: [essay@saintmarys.edu](mailto:essay@saintmarys.edu).**

1. Tell us why you are considering transferring to Saint Mary's and why you feel the College will be a better place to meet your educational need?
2. Write an essay on any topic you choose to address. Clearly articulate why this issue is important to you and why you choose to write about this particular issue.

I, \_\_\_\_\_

have given, to the best of my knowledge, the information contained in this application and know it to be a true and accurate account.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Please enclose the \$30 non-refundable application fee and mail to:  
Saint Mary's College  
Office of Admission  
Notre Dame, Indiana 46556

Saint Mary's College does not discriminate on the basis of race, color, national origin, religion, age, or disability in the recruitment and admission of students. This nondiscriminatory policy also applies to all the rights, privileges, programs, and activities generally accorded or made available to students at the College; and to the administration of educational policies, scholarships and loan programs, student employment and other College-administered programs.

# College Professor/ Academic Advisor Recommendation

Saint Mary's College Notre Dame, IN

**APPLICANT:** Please type or print in ink.

APPLICANT'S LAST NAME	FIRST NAME	MIDDLE NAME
NUMBER AND STREET		
CITY	STATE	ZIP

Please indicate your decision by checking below before giving to evaluator.

- This evaluation is to be considered non-confidential. The evaluation may be shown to me upon request.
- This evaluation is to be considered confidential. I hereby waive my right to review under the provisions of the Family Educational Rights and Privacy Act of 1974, and I understand that the contents of this evaluation will not be available for any inspection now or at any time in the future.

SIGNATURE OF APPLICANT	DATE
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**RECOMMENDER:** Please type or print in ink.

The following questions suggest the type of information the Admission Committee has found helpful in the past; however, the Committee welcomes your assessment of the applicant in any format you consider most useful. Please mail to: Office of Admission, Saint Mary's College, Notre Dame, Indiana 46556.

RECOMMENDER'S LAST NAME	FIRST NAME	MIDDLE NAME
POSITION	ACADEMIC DEPARTMENT (IF APPLICABLE)	
COLLEGE/UNIVERSITY	CEEB CODE #	
RECOMMENDER'S EMAIL ADDRESS	( ) OFFICE TELEPHONE	
NUMBER AND STREET		
CITY	STATE	ZIP



(CONTINUED ON BACK)

**COLLEGE PROFESSOR /ACADEMIC ADVISOR RECOMMENDATION**

1) How long have you known the applicant? \_\_\_\_\_

2) In what capacity have you known this applicant?     College Professor                       Academic Advisor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3) Is this student eligible to return to your institution? \_\_\_\_\_

\_\_\_\_\_

4) How would you evaluate this student's academic progress?     Excellent     Very Good     Good     Fair     Poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5) If you wish, please make any additional statements: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6) Based on the above comments, I rate this candidate for admission as follows:	Not Recommended	Fair	Good	Excellent	One of the best students I have encountered
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For academic promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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For personal characteristics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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\_\_\_\_\_  
 SIGNATURE OF EVALUATOR

\_\_\_\_\_  
 DATE