Thank you for your interest in continuing your education at Siena College. Attached is the transfer application and recommendation form.

In order to complete the application process, please submit:
• Recommendation Form
• College transcript(s)
• Final high school transcript

If you have not done so already, I encourage you to call the Admissions Office at 1-888-AT-SIENA, to schedule a campus tour and interview with a member of the admissions staff. The office is open Monday – Friday from 8:30 a.m. – 4:30 p.m. during the academic year. If you submit the appropriate documents, a member of the admissions staff can provide a tentative evaluation of transferable credit during the interview.

Please contact us with any questions related to the application process. Best wishes for success as you pursue your degree program.

Sincerely,

Jennifer Sloan
Associate Director of Admissions
Transfer Coordinator
SIENAcollege Application for Transfer Admission

STUDENT

Last Name ___________________________ First Name ___________________________ Middle Initial _____

Mailing Address ____________________________________________________________ Apt. ______________________

City ___________________________ State ___________________________ Zip ___________________________

Home Phone (_____) ___________________________ Cell Phone (_____) ___________________________ Date of Birth ___________________________

E-mail Address ___________________________ Social Security Number ___________________________

Country of Birth ___________________________ Country of Citizenship ___________________________

If not U.S. citizen, are you a permanent resident? □ Yes or □ No Please state your visa status ___________________________

Optional: Are you of Hispanic or Latino descent? □ Yes or □ No Please check all that apply

□ American Indian or Alaska Native □ Black or African American □ Native Hawaiian or other Pacific Islander

□ Asian □ White

APPLICATION

Term you wish to enter:

□ September 20 ____ □ Fall Semester (Deadline June 1) □ Full time or □ Part time

□ January 20 ____ □ Spring Semester (Deadline January 1) □ Full time or □ Part time

□ Summer 20 ____ □ Summer Session (Deadline April 1) □ Full time or □ Part time

Have you previously applied to Siena College? □ Yes □ No

Were you ever previously enrolled at Siena College? □ Yes □ No

Are you applying for HEOP? □ Yes □ No

Have you ever been enrolled in a HEOP/EOP program? □ Yes □ No

( Must currently be enrolled in HEOP/EOP program to transfer to Siena’s HEOP/EOP program.)

MAJOR

Indicate your choice of major (check only one):

SCHOOL OF LIBERAL ARTS

□ American Studies □ Political Science

□ Classics □ Psychology

□ Creative Arts □ Religious Studies

□ Economics/B.A. □ Social Work

□ English □ Sociology

□ French □ Spanish

□ History □ Undeclared Liberal Arts

SCHOOL OF BUSINESS

□ Accounting □ Economics/B.S.

□ Finance □ Marketing

□ Management □ Undeclared Business

SCHOOL OF SCIENCE

□ Actuarial Science □ Biology

□ Biochemistry □ Chemistry

□ Computational Science □ Computer Science

□ 3-2 Engineering Option □ Environmental Studies

□ Mathematics/B.A. □ Mathematics/B.S.

□ Physics □ Undeclared Science

□ Please check if you are interested in the Secondary Education Certificate program.
Have any of your family members attended Siena College? Please list name, relationship and year of graduation.

Have you ever been convicted of a felony?  □ Yes  □ No

Housing preference:  □ Off-campus  □ On-campus resident (On-campus housing is on a limited basis and not guaranteed.)

Is English the primary language spoken at home?  □ Yes  □ No

Do you plan to apply for financial aid?  □ Yes  □ No  Are you a member of Phi Theta Kappa?  □ Yes  □ No

**ACADEMIC**

List all colleges you have attended, with current or most recent college first. List high school you graduated from last.

<table>
<thead>
<tr>
<th>College/High School</th>
<th>Location</th>
<th>Dates of attendance</th>
<th>Graduation date</th>
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CEEB Code of the college or university most recently attended.  

List all courses (with course number) in which you are currently enrolled:

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<th>Course</th>
<th>Course number</th>
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**PARENT/GUARDIAN**

Father's Full Name:  
Address if different from student:  
College(s) attended:  
Occupation:  

Living  □ Yes  □ No

Mother's Full Name:  
Address if different from student:  
College(s) attended:  
Occupation:  

Living  □ Yes  □ No

If enrollment does not account for the entire period since high school graduation, please attach a brief statement.

What other information do you want us to consider in interpreting your academic record? If you wish to include any physical or emotional condition that may have interrupted your education or limited your activities, please attach any additional statement with your application.

**ALL APPLICANTS**

I certify that the information I have submitted in this application is complete and true to the best of my knowledge. I agree that if I am accepted for admission, I will comply with all the rules and regulations of the College that may be in effect or that will be put into effect while I am a student.

Student signature__________________________  Date ____________________