

SUBMIT TO: SIMMONS COLLEGE OFFICE OF UNDERGRADUATE ADMISSION 300 THE FENWAY BOSTON, MA 02115-5898
 TEL: 617-521-2051 800-345-8468 FAX: 617-521-3190 EMAIL: UGADM@SIMMONS.EDU WEBSITE: WWW.SIMMONS.EDU

PERSONAL INFORMATION

Name _____
last first middle name(s) used on previous records or maiden name

Date of birth _____ Place of birth _____ Social Security number _____
month day year

Mailing address _____
street apt. or p.o. box number

city state zip country (if not U.S.)

Telephone _____
work home cell phone

Fax number _____ Email address _____

Citizenship: U.S. Permanent U.S. Resident Dual Citizenship U.S. and _____

Resident of Other Country _____

Visa type _____

*International students with an approved visa status are welcome to enroll as non-degree seeking students.
 Proof of visa status will be required.*

OPTIONAL QUESTIONS

Is English the predominant language spoken at home? Yes No

Other languages spoken at home _____

How would you describe yourself:

Are you Hispanic or Latino? Yes No

Check one or more of the following groups in which you consider yourself to be a member:

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

APPLICANT INFORMATION

I wish to enroll in the term beginning in:

Fall/Sept. _____ (year) Spring/Jan. _____ (year) Summer/May _____ (year)

I wish to take: 4 credits 8 credits 12 credits 16 credits

Are you a Simmons employee? Yes No Dependent or spouse of a Simmons employee? Yes No

Do you intend to apply to a degree program at Simmons College? Yes No

If yes, what program? _____

Are you a(n): Undergraduate student (under age 24) Adult undergraduate student (24 years and older)

Graduate student High school student

admission application and registration form for undergraduate non-degree classes

EDUCATIONAL BACKGROUND

Please list high school and college/post-secondary education information in chronological order, starting with the most recent.

school	city and state or foreign country	dates attended	degree	major	cumulative g.p.a.

WORK EXPERIENCE

Please list in chronological order, starting with the most recent.

employer	location	position	dates	hours per week

REGISTRATION FOR CLASSES

Please complete the class registration information below. The Registrar’s Office will contact you to confirm registration. Registration in classes comes with a financial obligation. Please see the financial services website for the refund policy. Failure to withdraw from a class in a timely manner will result in a tuition bill for the entire semester as well as academic penalties. Non-degree students are required to pay tuition in full within two weeks of receiving a bill. Any payment not made within two weeks will jeopardize registration and incur financial penalties. Non-degree students do not qualify for financial aid or the Dix Scholarship.

class	number	section	credits	hours per week

SIGNATURE

I agree that the information contained in this application is complete, factually accurate, and honestly presented as of the date I submitted it. In addition, I certify I have not attended institutions other than those listed. I understand that Simmons may withdraw my application, deny me admission, or revoke my admission, if I misrepresent information in my application. I acknowledge and agree that this application is for the sole use of Simmons to determine my suitability for admission, and that my admission materials and all supporting documentation become the property of Simmons and may not be returned to me at any time. If I am accepted and matriculate, I understand and acknowledge that I am subject to the academic rules and regulations of Simmons College. I affirm that I will pay tuition, fees, and other charges assessed in accordance with the Simmons College published financial policies.

signature _____ date _____

FOR OFFICE USE ONLY	Application Received _____	Approved UGADM _____	Delivered to Registrar _____
	Email to student/registrar _____	Registrar Approved _____	Confirmed with Student _____