

Undergraduate Studies
transfer student application for admission

SIMMONS



application instructions for transfer students

The transfer student application is also available online at www.simmons.edu.

We are delighted that you have decided to apply to Simmons College as a transfer student (a student who has attempted or earned at least nine credits at another institution). The Admission Committee reviews each transfer application individually, learning not only what you have accomplished at previous colleges or universities, but who you are. We look forward to learning about you.

TRANSFER STUDENT APPLICATION DEADLINES

Refer to the box below for application deadlines.

Date of Entry	Fall	Spring
Application deadline	April 1	December 1
Notification date	Rolling	Rolling
Deposit deadline	May 1	January 1

TRANSFER STUDENT APPLICATION PROCEDURE AND CHECKLIST

- ❑ **Application Form:** Complete the application form and return it to the Office of Undergraduate Admission by the appropriate deadline (see box above).
- ❑ **\$55 Application Fee:** A non-refundable \$55 application fee must be submitted along with your application form. Make check or money order payable to Simmons College.
- ❑ **High School Transcript(s):** Official transcripts from all secondary schools attended should be sent directly to Simmons.
- ❑ **College Records:** Official transcripts from all colleges or universities attended should be sent directly to Simmons. If you are currently enrolled in college, you will need to file a supplementary transcript when final grades become available. College or university transcripts from institutions outside the U.S. must be officially translated and evaluated by the Center for Educational Documentation, P.O. Box 199, Boston, MA 02117. Phone: 617-338-7171; fax: 617-338-7107; email: info@cedevaluations.com.
- ❑ **Midterm Grade Report:** If your transcript with your grades for the current semester will not arrive at Simmons in time to be considered by the admission committee, please take the enclosed form to each of your current instructors for an estimated mid-term grade and signature.
- ❑ **Standardized Test Scores:** Applicants must report scores from either the SAT or the ACT. Scores will be accepted from official high school transcripts. For scores being

sent directly by the College Board, the Simmons College ACT code is 3761. For non-nursing students who have completed a year of full time college or university-level course work, the SAT or ACT may be waived upon request. *If English is not your native language, a TOEFL, IELTS, or comparable test is required.*

- ❑ **College Essay:** Please select one of the three essay topics listed in the application (see page 4). Essays should be typewritten and reflective of your own work. Please ensure that your essay submission is at least 250 and no more than 500 words.
- ❑ **Essay — Reasons for Transfer:** Should be typewritten and limited to one page.
- ❑ **College Recommendations:** A recommendation from an academic adviser or dean and a recommendation from a faculty member are required. If you do not have an academic adviser, an additional faculty recommendation is acceptable. Both should be from the most recent institution attended. Forms for this purpose are included with this application.
- ❑ **Interview:** Strongly recommended. Both in-person and telephone interview options are also available.

TUITION DEPOSIT

If you are admitted to Simmons College, a non-refundable tuition deposit of \$250 must be paid by the appropriate deposit deadline (see box above). To reserve residence hall space, you must submit an additional housing deposit of \$250.

MAILING INSTRUCTIONS

All application materials should be mailed directly to:
Simmons College
Office of Undergraduate Admission
300 The Fenway
Boston, MA 02115-5898

The Simmons College admission staff is available to answer your application questions. To contact a member of the admission staff, please call 800-345-8468, or email us at ugadm@simmons.edu.

admission application for transfer students

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

nickname/prefer to be called _____ former name (if applicable) _____

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

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

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

Home telephone _____ Cell phone number _____

Email address _____ Effective until _____
month day year

Permanent address (if different from above) _____
street apt. or p.o. box number

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

CITIZENSHIP

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

Other Country: _____ Visa type: _____

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

APPLICATION INFORMATION

I wish to enroll in the term beginning in:

Fall/September _____ Spring/January _____
year year

Possible area(s) of concentration/major (refer to the list on the inside back cover of the application booklet)

1. _____

2. _____

Possible career or professional plans _____

Do you plan on (check one): living in on-campus housing commuting

Will you be filing for financial assistance? yes no

Your answer to this question has no bearing on your admission to the College.

FAMILY INFORMATION

Parent 1 Mr. Mrs. Ms. Miss

full name

Living? Yes No

Home address:

street

city state zip

telephone cell phone

email address

occupation

name of business or organization

college attended degree year

professional or graduate school degree year

Parent 2 Mr. Mrs. Ms. Miss

full name

Living? Yes No

Home address:

street

city state zip

telephone cell phone

email address

occupation

name of business or organization

college attended degree year

professional or graduate school degree year

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

Please check if parents are: married separated divorced other _____

Name and address of legal guardian if other than parent _____
name

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

Please give names and ages of your brothers and sisters. If they have attended college, give names of institutions attended, degrees and approximate dates.

EDUCATIONAL INFORMATION

List in chronological order (most recent first) all secondary schools you have attended.

Name of school	Location	CEEB school code	Dates attended
----------------	----------	------------------	----------------

List in chronological order (most recent first) all colleges/universities that you have or are currently attending. Transcripts must be sent from each institution.

Name of college	Location	Dates attended	Degree candidate?
-----------------	----------	----------------	-------------------

Yes No

Yes No

Yes No

If you are not currently attending school, describe in detail, on a separate sheet, your activities since last enrolled.

RELATIVES WHO ARE SIMMONS ALUMNAE/I OR CURRENT STUDENTS

Name _____
last first maiden class year relationship

Name _____
last first maiden class year relationship

ESSAY

Please write and attach a 250–500 word essay on one of the following topics. Be specific and write as clearly and effectively as you can. Label all pages with your name and address. The essay must be typewritten.

1. Compare yourself to your favorite character in a book. How are you alike or dissimilar?
2. Describe an experience that forced you to question a previously held opinion.
3. A topic of your own choosing.

PERSONAL STATEMENT/REASONS FOR TRANSFERRING ESSAY

Describe your reasons, from both an academic and a personal standpoint, for transferring to Simmons.

ADDITIONAL INFORMATION

How did you first learn about Simmons College?

- | | |
|--|---|
| <input type="checkbox"/> Simmons student _____
<small>name</small> | <input type="checkbox"/> Simmons publication _____
<small>name</small> |
| <input type="checkbox"/> College fair _____
<small>where</small> | <input type="checkbox"/> Advertisement _____
<small>where</small> |
| <input type="checkbox"/> Online college guide _____
<small>name</small> | <input type="checkbox"/> Guide book _____
<small>name</small> |
| <input type="checkbox"/> Guidance counselor | <input type="checkbox"/> Familiar with Boston area |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Simmons's website |
| | <input type="checkbox"/> Friend/relative |
| | <input type="checkbox"/> Internet search |
| | <input type="checkbox"/> Alumnae/i _____
<small>name</small> |

Why have you chosen to apply to Simmons College? (Please rank the following items from 1–8 with 1 being the most influential.)

- | | | | |
|----------------------------|---------------------------|-----------------------------------|--------------------------|
| _____ Campus visit | _____ College night | _____ Friend | _____ Guidance counselor |
| _____ Simmons publications | _____ Admission Counselor | _____ Parent(s) | _____ Simmons website |
| _____ Email communication | _____ Open house | _____ Other, please specify _____ | |

Describe, in your own words, the characteristics of Simmons College that are most appealing to you.

SIGNATURE

We cannot process your application without your signature below.

I hereby agree that the information given on this application is complete, factually correct to the best of my knowledge, and honestly presented. In addition, I certify that I have not attended institutions other than those listed.

signature _____ date _____

supplemental application for the honors program at Simmons College

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

All transfer students eligible for the Honors Program must be starting their studies at Simmons during the fall semester and have earned no more than forty credits of course work at another institution.

Simmons's Honors Program provides an enriched curriculum offered through small seminars, team-taught courses, study abroad opportunities, research projects, and/or honors independent study. The program is designed to encourage depth of study in the student's chosen major, and to enhance knowledge through interdisciplinary study and global awareness. The program also includes career exploration courses, cocurricular activities on campus and in Boston, and assistance with applying for graduate school and national awards, such as the Fulbright, Truman, and Boren grants.

Any prospective student of Simmons College may apply for admission to the Honors Program. Those who are admitted into this highly selective program are self-motivated, intellectually curious, and eager for challenge. They graduate near the top of their high school class with a solid record of honors, AP, or IB courses, and have demonstrated continued success in their college-level studies.

To apply to the Honors Program you must complete the standard admission application PLUS the supplemental application for the Honors Program, on the reverse side of this page. The priority deadline for all Honors Application materials is March 1. Questions should be directed to the Director of the Honors Program at honors@simmons.edu.

Please note: Review of Honors applications begins mid-January. Applications will not be accepted after April 1.

* Please note: This supplement is optional.

supplemental application for the honors program at Simmons College (continued)

Please complete all four sections
(and submit with the standard transfer application)

SECTION ONE

Name _____
last first middle

Current mailing address _____
street apt. or p.o. box number

city state zip country (if not u.s.)

Email address _____ Effective until _____
month day year

Permanent home address _____
street apt. or p.o. box number

city state zip country (if not u.s.)

Home telephone _____ Cell phone number _____

Email _____ Date of birth _____

College currently attending _____

College cumulative grade point average _____ Intended major _____

SECTION TWO

Please submit one of the following:

- An original graded paper, or
- A written description of a project that you have completed during the current academic year along with the work that constituted the project. (An example is a photographic exhibit, accompanied by a written description of the exhibit.)

SECTION THREE

Please submit either Essay 1 or 2 below and answer in approximately 350–400 words.

1. The Honors Program encourages students to experience life in another country. If you were to study abroad for a month or a semester, what country would you prefer to visit and what would you hope to learn from your experiences in another culture?
2. Honors students at Simmons often take an active role in student government and organizations, including our student newspaper *The Simmons Voice*. Write the lead editorial for the *Voice* on an issue of local, national, or global importance.

SECTION FOUR

Think about the books you have read during the past few years (inside and outside of the classroom); rank the three best in order; explain the reason for your top selection. Please clearly label your answer Section Four.

The priority deadline to submit an application for the Honors Program at Simmons College: March 1.

academic adviser or dean recommendation form

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

TO BE COMPLETED BY APPLICANT

Applicant Information

Applicant: After filling in your name and address below, please ask your academic adviser or dean to complete the remainder of the form and mail it directly to the Simmons College Office of Undergraduate Admission. Please provide the adviser or dean with a stamped envelope addressed to Simmons.

I am applying as a transfer student for entry in:

- Fall (deadline: April 1)
 Spring (deadline: December 1)

Name _____
last first middle

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

city state zip

Home telephone _____ Cell phone number _____

Email address _____ Date of birth _____
month day year

College or university name _____

Under the provisions of the Family Educational Rights and Privacy Act,

- I waive my right of access to this recommendation.
 I retain my right of access to this recommendation.

signature _____ date _____

TO BE COMPLETED BY ACADEMIC ADVISER OR DEAN

The student named above has applied for transfer admission to Simmons College. The Admission Committee reads this form carefully and considers your comments to be very important. Thank you for your cooperation on behalf of this student.

Adviser or dean's name _____

Title _____

Complete college or university name _____

College or university address _____
street city state zip

Telephone _____ Cell phone number _____

Email address _____ Fax number _____

faculty evaluation and recommendation form

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

TO BE COMPLETED BY APPLICANT

Applicant Information

Applicant: After filling in your name and address below, please ask a faculty member whose class you have taken to complete the remainder of the form and mail directly to the Simmons College Office of Undergraduate Admission. Please provide the faculty member with a stamped envelope addressed to Simmons College.

I am applying as a transfer student for entry in:

- Fall (deadline: April 1)
 Spring (deadline: December 1)

Name _____
last first middle

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

city state zip

Home telephone _____ Cell phone number _____

Email address _____ Date of birth _____
month day year

College or university name _____

Under the provisions of the Family Educational Rights and Privacy Act,

- I waive my right of access to this recommendation.
 I retain my right of access to this recommendation.

signature _____ date _____

TO BE COMPLETED BY A PROFESSOR

The Admission Committee finds candid evaluations very helpful in assessing an applicant's potential for success at Simmons. We are particularly interested in the applicant's academic performance in your classroom. Thank you for your help.

Professor's name _____

Subject _____

Complete college or university name _____

College or university address _____
street city state zip

Telephone _____ Cell phone number _____

Email address _____ Fax number _____

BACKGROUND INFORMATION

How long have you known this student and in what context? _____

What are the first words that come to your mind when describing this student? _____

RATINGS

Compared to other college students whom you have taught, how does the applicant rate in terms of academic skills and potential? Please mark the appropriate boxes below:

no basis	below average (lowest 40%)	average (middle 20%)	good (next 20%)	very good (top 20%)	excellent (top 10%)	outstanding (highest 1%)
<input type="checkbox"/> Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION

Please write below what you think the Admission Committee should know about this student. Include a description of academic and personal characteristics. We welcome information that will help us to differentiate this student from others you have known.

OPTIONAL SECTION

I recommend this student with reservation fairly strongly strongly very strongly

SIGNATURE

Submitted by

signature

date

midterm grade report form for transfer students

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

TO BE COMPLETED BY APPLICANT

Applicant Information

If your transcript with your final grades for the current semester will not arrive at Simmons in time to be considered in the admission decision, the Admission Committee requests that you complete this form and send it with your application. Complete the top portion of this page, and ask your professors to supply the information requested. Return this form to the Office of Undergraduate Admission, Simmons College, 300 The Fenway, Boston, MA 02115-5898.

I am applying as a transfer student for entry in:

- Fall (deadline: April 1)
 Spring (deadline: December 1)

Name _____
last first middle

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

city state zip

Home telephone _____ Cell phone number _____

Email address _____ Date of birth _____
month day year

College or university name _____

TO THE INSTRUCTOR

The applicant named above has applied for transfer admission to Simmons College. The Admission Committee reads this form carefully and considers your comments to be very important. This report is for the use of the Admission Committee only and will not become part of the student's cumulative record. If a letter or number grade cannot be calculated at this time, please comment on the student's performance to date. Thank you for your cooperation on behalf of this applicant.

Department _____ Course number _____

Course title _____ Midterm average _____

Instructor's signature _____ Date _____

Comments (optional) _____

Department _____ Course number _____

Course title _____ Midterm average _____

Instructor's signature _____ Date _____

Comments (optional) _____

Department _____ Course number _____
Course title _____ Midterm average _____
Instructor's signature _____ Date _____
Comments (optional) _____

Department _____ Course number _____
Course title _____ Midterm average _____
Instructor's signature _____ Date _____
Comments (optional) _____

Department _____ Course number _____
Course title _____ Midterm average _____
Instructor's signature _____ Date _____
Comments (optional) _____

Department _____ Course number _____
Course title _____ Midterm average _____
Instructor's signature _____ Date _____
Comments (optional) _____

Department _____ Course number _____
Course title _____ Midterm average _____
Instructor's signature _____ Date _____
Comments (optional) _____

application instructions for financial aid

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

FINANCIAL AID APPLICATION PROCEDURE

Application for financial aid begins at the same time as application for admission. The two decisions are made independently and application for aid will in no way influence the decision for admission.

For additional information regarding financial aid at Simmons, visit www.simmons.edu/sfs or refer to the publication titled *Financing Options*. To receive a copy of this publication, please contact the Office of Undergraduate Admission. For individual assistance or for answers to your specific questions concerning financial aid, a Simmons College financial aid counselor is available to assist you. Please call 617-521-2001 to speak to a member of the Student Financial Services staff.

PLEASE NOTE THE FOLLOWING:

- The Free Application for Federal Student Aid (FAFSA) form is available in late fall.
- The FAFSA form requires your family income information for the previous year. If you or your parents did not file a Federal Income Tax Return last year, you should use estimated information based on the year-ending salary listed on your pay stubs or W-2 forms.
- Simmons College Title IV institution code for FAFSA is 002208.
- Put your Social Security number on all forms submitted.
- Be sure to save a copy of your FAFSA form as well as any materials you submit to the Office of Student Financial Services.
- Visit the Office of Student Financial Services website at my.simmons.edu/services/SFS for more information, to download forms, or link to other related websites.

FINANCIAL AID REQUIRED DOCUMENTS AND DEADLINES

The deadlines for completing each stage of the financial aid application process are listed below. It is important that you meet these deadlines in order to receive full consideration for need-based financial aid from Simmons College.

Required documents

Free Application for Federal Student Aid (FAFSA)
(Title IV institution code: 002208)

Action required

Mail to federal processor, address on form.

Deadline

April 1



SIMMONS

College of Arts and Sciences

Office of Undergraduate Admission

300 The Fenway

Boston, MA 02115-5898

Phone: 617-521-2051 or 800-345-8468

Fax: 617-521-3190

Email: ugadm@simmons.edu

www.simmons.edu

Simmons College does not discriminate unlawfully on the basis of race, color, national origin, age, sex, disability, sexual orientation, religion, ancestry, genetic information, or veteran status in admission to, access to, treatment in, or employment in its programs and activities in accordance with state and federal law, including but not limited to, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Code of Federal Regulations Parts 100, 104, 106, and 110. The College's

Director of Human Resources, 300 The Fenway, Boston, MA, 02115 (telephone: 617-521-2084) has been designated to handle inquiries regarding the College's nondiscrimination policies concerning employment. All other inquiries should be directed to the Office of the President, Simmons College, MCB 202, 300 The Fenway, Boston, MA, 02115 (617-521-2073). Inquiries concerning the application of nondiscrimination policies may also be directed to the Assistant Secretary for Civil Rights at the U.S. Department of Education, Office for Civil Rights, 330 C. Street, SW, Washington, D.C., 20202

program options

MAJORS

Africana Studies
Art
Arts Administration
Biochemistry
Biology
Chemistry
Chemistry-Management
Communications
 Integrated Media
 Writing
 Design (Including
 Graphic Design)
 Public Relations/Marketing
 Communications
Computer Science
Dietetics
East Asian Studies
Economics
Economics and Mathematics
Education
 Early Childhood
 Elementary, Middle, or
 High School
 Social Studies Education
 Spanish, French, or English
 as a Second Language
English
Environmental Science
Finance
Financial Mathematics
French
History
Information Technology
International Relations
Management
Marketing
Mathematics
Music
Nursing
Nutrition and Dietetics
Nutrition and Food Science
Philosophy
Physical Therapy
Physics
Political Science
Psychobiology
Psychology
Public Health
Retail Management
Sociology
Spanish
Special Education
Women's and Gender Studies

MINORS

Most majors are offered as minors in addition to:

Business Metrics
Cinema & Media Studies
Gender History
Leadership and Women
Photography
Physics of Materials
Performing Arts
Public History
Public Policy Studies
Scientific Computation
Social Justice
Statistics