

I am applying as a TRANSFER candidate for: Fall 20____ Spring 20____

Legal name: _____
Last/Family First Middle (complete) Sex

I prefer to be called: _____(nickname) Former last name(s) if any: _____

Permanent home address: _____
Number and Street

City State Country Zip Code

If different from the above, please give your mailing address, including school name, if applicable, for all admission correspondence:

School name: _____

Mailing address: _____
Number and Street

City State Country Zip Code Use until: _____
Date

Telephone at mailing address: (_____) _____ Permanent home telephone: (_____) _____
Area Code Number Area Code Number

FAX number: (_____) _____ Email address: _____
Area Code Number

Birthdate: _____ Citizenship: U.S./dual U.S. citizen. If dual, specify other citizenship: _____

U.S. Permanent Resident visa. Citizen of: _____ Other citizenship: _____

Alien registration number: _____

Do you plan to apply for financial aid? Yes No If yes, check one of the following:

- I understand that **both** the CSS/Financial Aid PROFILE Application **and** the Free Application for Federal Student Aid (FAFSA) are required of all applicants for College need-based aid. (Pitzer College's PROFILE code number is 4619.) I may obtain a FAFSA online at www.fafsa.ed.gov or from the Pitzer College Financial Aid Office. (Pitzer College's federal code number is 001172.)
- I have already filed **both** of the above forms and understand that I must request the information be sent to Pitzer College in order to apply for financial aid.

CALIFORNIA RESIDENTS will not be considered for College administered financial aid unless they have applied for a Cal Grant.

The following items are optional: Social Security number: _____ - _____ - _____

Place of birth: _____ Marital status: _____
City State Country

First language, if other than English: _____ Language spoken at home: _____

If you wish to be identified with a particular ethnic group, please check one of the following:

<input type="checkbox"/> African American, Black	<input type="checkbox"/> Asian, Indian Subcontinent	<input type="checkbox"/> Native Hawaiian, Pacific Islander
<input type="checkbox"/> American Indian, Alaskan Native	<input type="checkbox"/> Hispanic, Latino	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Asian American	<input type="checkbox"/> Mexican American, Chicano	<input type="checkbox"/> White or Caucasian

Other (Specify _____)

Area(s) of academic interest/major: _____

Last Name: _____
First Name: _____
M.I. _____

EDUCATIONAL DATA

Current school: _____

Address: _____ School Code number: _____
City or Town State Zip Code

Date of secondary graduation: _____ Is your school public? _____ private? _____ parochial? _____

College counselor: Name: _____ School telephone: (_____) _____
Area Code Number

List all other secondary schools, including summer schools and programs, you have attended beginning with ninth grade.

Name of School	Location (City, State)	Dates attended
----------------	------------------------	----------------

List all colleges at which you have taken courses for credit. Please have an official transcript sent from each institution.

Name of School	Location (City, State)	Dates attended
----------------	------------------------	----------------

Have you applied for admission to Pitzer College in the past? Yes No If yes, when: _____

Have you been subjected to disciplinary action in the past? Yes No If so, please explain on a separate sheet. This question will also be asked on the school official portion of the application.

FAMILY

Mother's full name: _____ Father's full name: _____

Is she living? _____ Is he living? _____

Home address if different from yours: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Occupation: _____

Employer: _____

College (if any): _____

Degree: _____ Year: _____

Professional or graduate school (if any): _____

Degree: _____ Year: _____

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

Please check if parents are married separated divorced other _____

Please give names and ages of your brothers and/or sisters. If they have attended or are currently attending college, give the names of the institutions, degrees, and approximate dates: _____

Print full name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: (_____) _____ Social Security # (Optional) _____

Please list below or on a separate sheet of paper: activities, honors, travel experiences, sports, and work. Include specific events and/or major accomplishments. Please (✓) in the right column those activities you hope to pursue in college. Please list athletic activities and work experiences in the spaces below.

ACTIVITY	High School				College		Hours per week	Weeks per year	Positions held or honors won	Do you plan to participate in college?
	9	10	11	12	Fr.	So.				

SPORT	High School			College		Letters		Event or position	Best performance and special awards	Do you plan to participate in college?
	10	11	12	Fr.	So.	J.V.	Vars.			

WORK EXPERIENCE	Employer	Approximate dates of employment	Hours per week

From what source did you first hear about Pitzer? _____

Last Name: _____
First Name: _____
M.I. _____

Essay I:

On separate sheets of paper answer **ONE** of the following questions, keeping in mind that appropriate length is two pages. There are no right or wrong answers to these questions. The Admission Committee is interested in your writing abilities and in what is meaningful to you.

1. What current social issue is most significant in your life? Why?
 2. If you could have your dream job, what would you choose to do? Why?
 3. From a recent film you have seen or book you have read, which character do you most identify with? Why?
-

Essay II:

All applicants are required to respond to the following question. You may use the space below, or a separate sheet of paper.

If at the end of your four years at Pitzer we were to honor you by citing your contributions to the Pitzer community, what do you think we would say about how you made a difference here?

You may feel this application has given you insufficient opportunity to reveal all that is important about you. If so, please feel free to submit additional information or material—copies of writings or art work, for example—for the Admission Committee to consider.

- Please remember to include your \$50 application fee or request for waiver (available through your counseling office).
- I understand it is my responsibility to make sure my application is complete.
- I certify that all information included in this application is, so far as I can determine, truthful, valid, and complete.

Signature: _____ **Date:** _____

This application and any other communications about admission should be sent directly to:
Office of Admission, Pitzer College, 1050 North Mills Avenue, Claremont, CA 91711-6101

Pitzer College adheres to the letter and spirit of the Statement of Principles of Good Practice of the National Association for College Admission Counseling. Pitzer College admits students of any race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the College. It does not discriminate on the basis of race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin in administration of its educational policies, scholarships and loan programs, athletic and other College administered programs, and employment policies.

STUDENT WAIVER

I understand that this completed recommendation will be used only in connection with my application for admission to an educational institution or association, for financial aid, or for counseling purposes; and I hereby waive my right of access to this recommendation.

Student Signature: _____ **Date:** _____

NOTE: If this waiver is not signed by the student, this form will be destroyed by the Office of Admission prior to matriculation by the student.

TO THE APPLICANT: Print your name and address in the space below and give this form to one of your academic professors.

Print full name: _____
Last First Middle

Maiden/previous name(s): _____

Address: _____
Street City State Zip Code

Telephone number: (_____) _____ Social Security # (Optional) _____
Area code Number

I am applying as a TRANSFER candidate for: Fall 20____ Spring 20____

TO THE PROFESSOR: The Admission Committee at Pitzer College would be grateful if you would fill out this form for the student named above. All information will be held in strict confidence. In no case will the applicant be able to inspect this document. The applicant's decision concerning the waiver will not affect his or her admission to Pitzer College. This reference will not be a part of the student's permanent file. Please return this form as soon as possible.

Please print name: _____ Position: _____

Subject taught to applicant: _____

Institutions's name: _____ Phone: (_____) _____
Area code Number

Institutions's address: _____
Street City State Zip

How well do you know the student? _____

Please comment on the following characteristics:

Academic ability: _____

Motivation: _____

Please comment on this candidate's ability to express himself or herself:

Writing: _____

Speech: _____

Last Name:

First Name:

M.I.

Please give a summary appraisal of the candidate's academic and personal qualities. For instance, you may wish to comment on the student's originality, creativity, initiative, and/or responsibility. Please feel free to continue your comments on a separate sheet of paper.

Compared to other students in your class, how do you rate this student in terms of:

	No basis	Below Average	Average	Above Average	Excellent (top 10%)	One of the top few encountered in my career
Creative, original thought						
Motivation						
Self-confidence						
Independence, initiative						
Intellectual ability						
Academic achievement						
Written expression of ideas						
Effective class discussion						
Disciplined work habits						
Potential for growth						

Signed: _____ Date: _____

Please return this form as soon as possible directly to:
Office of Admission, Pitzer College, 1050 North Mills Avenue, Claremont, CA 91711-6101

Pitzer College adheres to the letter and spirit of the Statement of Principles of Good Practice of the National Association for College Admission Counseling. Pitzer College admits students of any race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the College. It does not discriminate on the basis of race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin in administration of its educational policies, scholarships and loan programs, athletic and other College administered programs, and employment policies.

STUDENT WAIVER

I understand that this completed recommendation will be used only in connection with my application for admission to an educational institution or association, for financial aid, or for counseling purposes; and I hereby waive my right of access to this recommendation.

Student Signature: _____ **Date:** _____

NOTE: If this waiver is not signed by the student, this form will be destroyed by the Office of Admission prior to matriculation by the student.

TO THE APPLICANT: Print your name and address in the space below and give this form to one of your arts or academic professors.

Print full name: _____
Last First Middle

Maiden/previous name(s): _____

Address: _____
Street City State Zip Code

Telephone number: (_____) _____ Social Security # (Optional) _____
Area code Number

I am applying as a TRANSFER candidate for: Fall 20____ Spring 20____

TO THE PROFESSOR: The Admission Committee at Pitzer College would be grateful if you would fill out this form for the student named above. All information will be held in strict confidence. In no case will the applicant be able to inspect this document. The applicant's decision concerning the waiver will not affect his or her admission to Pitzer College. This reference will not be a part of the student's permanent file. Please return this form as soon as possible.

Please print name: _____ Position: _____

Subject taught to applicant: _____

Institutions's name: _____ Phone: (_____) _____
Area code Number

Institutions's address: _____
Street City State Zip

How well do you know the student? _____

Please comment on the following characteristics:

Academic ability: _____

Motivation: _____

Please comment on this candidate's ability to express himself or herself:

Writing: _____

Speech: _____

Last Name:

First Name:

M.I.

Please give a summary appraisal of the candidate's academic and personal qualities. For instance, you may wish to comment on the student's originality, creativity, initiative, and/or responsibility. Please feel free to continue your comments on a separate sheet of paper.

Compared to other students in your class, how do you rate this student in terms of:

	No basis	Below Average	Average	Above Average	Excellent (top 10%)	One of the top few encountered in my career
Creative, original thought						
Motivation						
Self-confidence						
Independence, initiative						
Intellectual ability						
Academic achievement						
Written expression of ideas						
Effective class discussion						
Disciplined work habits						
Potential for growth						

Signed: _____ Date: _____

Please return this form as soon as possible directly to:
Office of Admission, Pitzer College, 1050 North Mills Avenue, Claremont, CA 91711-6101

Pitzer College adheres to the letter and spirit of the Statement of Principles of Good Practice of the National Association for College Admission Counseling. Pitzer College admits students of any race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the College. It does not discriminate on the basis of race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin in administration of its educational policies, scholarships and loan programs, athletic and other College administered programs, and employment policies.

STUDENT WAIVER: I understand that this completed recommendation will be used only in connection with my application for admission to an educational institution; and I hereby waive my right of access to this recommendation.

Student Signature: _____ **Date:** _____

NOTE: If this waiver is not signed by the student, this form will be destroyed by the Office of Admission prior to matriculation by the student.

TO THE APPLICANT: Print your name and address in the space below and give this form to the Dean of Students' Office.

Print full name: _____
Last First Middle

Maiden/previous name(s): _____

Address: _____
Street City State Zip Code

Telephone number: (_____) _____ Social Security # (Optional) _____
Area Code

I am applying as a TRANSFER candidate for: Fall 20____ Spring 20____

TO THE DEAN OF STUDENTS: The Admission Committee at Pitzer College would be grateful if you would fill out this form for the student named above. All information will be held in strict confidence. In no case will the applicant be able to inspect this document. The applicant's decision concerning the waiver will not affect his or her admission to the College. This reference will not be a part of the student's permanent file. This form must be sent back by April 15 for Fall Semester applicants, or October 15 for Spring Semester applicants.

Please print name: _____

Institutions's name: _____ Phone: (_____) _____
Area Code

Address: _____
Street City State Zip

Has this student been subjected to disciplinary action? Yes No If YES, please describe the circumstances. You may use the back of the form if necessary.

Is this student currently in good standing at your institution? Yes No If NO, please describe the circumstances. You may use the back of the form if necessary.

Signed: _____ Date: _____

Last Name: _____
First Name: _____
M.I.: _____

Please return this form as soon as possible to:
Office of Admission, Pitzer College, 1050 North Mills Avenue, Claremont, CA 91711-6101

Pitzer College adheres to the letter and spirit of the Statement of Principles of Good Practice of the National Association for College Admission Counseling. Pitzer College admits students of any race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the College. It does not discriminate on the basis of race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin in administration of its educational policies, scholarships and loan programs, athletic and other College administered programs, and employment policies.

This form must be completed by students who are: A. not citizens of the U.S., or B. U.S. citizens but also non-native speakers of English.

Print full name: _____

1. Are you a native speaker of English? Yes No (If yes, please proceed to question 4.)

2. Date of your most recent TOEFL test: _____ TOEFL score (if available): _____

Please have an original TOEFL score report sent to Pitzer College.

3. For which admission categories are you applying? Please check all that apply.

- Regular Admission: Minimum TOEFL 240 (computer) 587 (paper) Visiting Student Admission
 Pitzer Bridge Admission: Minimum TOEFL 190 (computer) 520 (paper)

4. Have you completed any of the following certifications? Note: Pitzer awards up to one year of credit for successful completion of one of these certifications.

- International Baccalaureate (IB) German Abitur Italian Maturita French Baccalaureate
 Swiss Federal Maturity Certificate Swedish Studentexamen Icelandic Studentsprof GCE "A" Levels

5. Are you a citizen or permanent resident (Resident Alien) of the U.S.? Yes No

If yes, do you wish Pitzer to send you international student orientation materials in addition to the regular orientation materials sent to new students? Yes No

6. Do you need a Certificate of Eligibility for Non-Immigrant F-1 Student Status (Form I-20AB) issued to you by Pitzer College?

- Yes No

7. Are you currently attending a school in the U.S. as an F-1 Visa student? Yes No

If yes, will you return to your country before enrolling at Pitzer and use your new Pitzer Form I-20AB to enter the U.S.?

- Yes No If no, please enclose a photocopy of the Form 1-20AB issued to you by your current school.

8. If you are admitted to Pitzer as an F-1 Visa student, the International Student Advisor will issue you a Form I-20AB. Please indicate the address to which you would like this form and other orientation materials sent:

Address: _____

Telephone number at the address: _____ FAX number at the address: _____

Email address: _____

If you have any questions about international student admission at Pitzer, please do not hesitate to contact the Admission Office at 909-621-8129 and FAX 909-621-8770 or the International Student Advisor Office at 909-621-8308, FAX 909-621-0518, or email at admission@pitzer.edu

International Student Statement of Financial Responsibility

Pitzer College does *not* offer financial aid to international students.

Pitzer College is required by the United States Immigration and Naturalization Service to obtain evidence that all applicants have adequate funds to pay for their educational and living expenses while studying at the college. If we do not receive evidence of sufficient funds, we will not be able to issue the Form I-20AB needed for the F-1 student visa.

Please check **one** of the following sources of support, **enclose the documentation requested**, and indicate the amount guaranteed. The comprehensive fee for 2001-2002 is \$33,930.

Personal Funds

Please enclose a bank statement, signed by an official of your bank, indicating sufficient funds available for your proposed period of study.

Amount guaranteed: \$ _____ per year for _____ years.

Parent/Sponsor

Please enclose a bank statement indicating the amount of funds available for the student's proposed period of study and complete the statement of financial responsibility (below) to be signed by parent or sponsor.

Amount guaranteed: \$ _____ per year for _____ years.

Name of parent or sponsor: _____

Relationship to student: _____

Address: _____

This is to certify that I will be responsible for all expenses of the above named student during his/her studies at Pitzer College.

Signature of parent or sponsor: _____ Date: _____

Scholarship/Fellowship Grant

Please enclose a copy of your scholarship award letter signed by your sponsoring organization or government official.

Amount guaranteed: \$ _____ per year for _____ years.

Loan

Please enclose a copy of your loan agreement prepared by the lending agency.

Amount guaranteed: \$ _____ per year for _____ years.

I certify that all statements on this form are true and accurate and that funds will be provided as specified above.

Student's signature: _____ **Date:** _____

Please return this form as soon as possible to:

Office of Admission, Pitzer College, 1050 North Mills Avenue, Claremont, CA 91711-6101

Pitzer College adheres to the letter and spirit of the Statement of Principles of Good Practice of the National Association for College Admission Counseling. Pitzer College admits students of any race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the College. It does not discriminate on the basis of race, color, sex, sexual orientation, age, creed, handicap, or national or ethnic origin in administration of its educational policies, scholarships and loan programs, athletic and other College administered programs, and employment policies.

PITZER *Athletic Participation Form*

To the candidate: This **optional** form asks for some information already solicited in Form 2 of the application. The information submitted on this form is for the use of the Pomona-Pitzer Athletic Department.

Pitzer College offers intercollegiate athletics at the varsity level in the following areas: baseball, basketball, cross country, football, golf, soccer, softball, swimming and diving, tennis, track, volleyball, and waterpolo. If you anticipate participating in varsity athletics at Pitzer, complete this form and submit it with your admission application.

Print full name: _____ Sex M F
Last First Middle

Mailing address: _____ Ht. _____ Wt. _____
Street

_____ Phone: (_____) _____
City State Zip Country (if not USA) In Dormitory, if boarding

School now attending: _____ School phone: (_____) _____

Applying for: Freshman, Early Action Freshman, Regular Action Transfer

Current GPA _____ Highest SAT Verbal _____ Highest SAT Math _____ ACT _____

SPORT	Grade level or post secondary							# of Varsity letters	Event or position (Please be specific)	Time/best performance	Honors/awards	Coach name and phone number
	9	10	11	12	F	S						

In addition, please list any significant athletic experience (e.g., Olympic Development, USVBA, American Legion, AAU Leagues, US Swim, Athletic Campus, Invitationals, etc.).

Office Use Only

Last Name: _____ First Name: _____ M.I. _____