



SIENAcollege

Application for Transfer Admission





Thank you for your interest in continuing your education at Siena College, where we will develop your potential for extraordinary achievement. Attached you will find our transfer application and recommendation form.

In order to complete the application process, please submit:

- Letter of recommendation
- College transcript(s)
- Final high school transcript

If you have not done so already, I encourage you to call our office at 1-888-AT-SIENA to schedule a campus tour and interview with a member of the admissions office. Our 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 your interview.

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

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Sloan".

Jennifer Sloan  
Associate Director of Admissions  
Transfer Coordinator

### INSTRUCTIONS

Before a decision can be reached by the Admissions Committee, students applying to Siena College from another college or university must complete this Transfer Recommendation Form.

After completing the portion below, the student then submits this form to the registrar or dean of students at the last college attended (if attended within the last five years). If you have not attended college in the last five years, you may have an employer write a letter of recommendation. Once this form is complete, please forward to:

Coordinator of Transfer Admissions  
Siena College  
515 Loudon Road  
Loudonville, NY 12211-1462

---

### STUDENT

1. Name: \_\_\_\_\_  
Last Name First Name Middle Initial Maiden

2. Home Address: \_\_\_\_\_  
City State Zip

3. Telephone number: (\_\_\_\_\_) \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_

5. Please indicate briefly why you are transferring to Siena College:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name the college and period of attendance covered by this recommendation:  
\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**COLLEGE**

To be completed by the dean of students or registrar:

Is the student eligible to return to your institution in good standing?  Yes  No

Has the student ever been on academic or social probation?  Yes  No

Is this student eligible to live in residence at your institution?  Yes  No  Not Applicable

Please use this space for clarification to answers given above and for any information regarding this applicant's ability to achieve academic success at Siena:

---

---

---

---

---

---

---

---

---

---

- I recommend this student.
- I recommend this student with reservation.
- I do not recommend this student.
- I prefer to speak to an admissions counselor.

---

Name (print) \_\_\_\_\_ E-mail \_\_\_\_\_

Title \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

College address \_\_\_\_\_

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

**When completed, please mail this form to:**  
Coordinator of Transfer Admissions  
Siena College  
515 Loudon Road  
Loudonville, NY 12211-1462

## STUDENT

Male  
 Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

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:** How would you describe yourself?

American Indian or Alaskan Native  Hispanic/Latino

Asian or Pacific Islander (including the Indian Subcontinent)  White or Caucasian

Black, African American/Non-Hispanic  Other, please specify \_\_\_\_\_

## APPLICATION

**Term you wish to enter:**

September 20 \_\_\_\_  Fall Semester (Deadline June 1)  Full time or  Part time  Day or  Evening

January 20 \_\_\_\_  Spring Semester (Deadline January 1)  Full time or  Part time  Day or  Evening

Summer 20 \_\_\_\_  Summer Session (Deadline April 1)  Full time or  Part time  Day or  Evening

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/BA  Social Work

English  Sociology

French  Spanish

History  Undecided Liberal Arts

Philosophy

### SCHOOL OF BUSINESS

Accounting

Actuarial Science

Economics/BS

Finance

Marketing/Management  
(Must select concentration)

Marketing

Management

Undecided Business

### SCHOOL OF SCIENCE

Biology

Biochemistry

Chemistry

Computational Science

Computer Science

3-2 Engineering Option

Environmental Studies

Mathematics/BA

Mathematics/BS

Physics

Undecided 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

---

## ACADEMIC

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

College/High School Location Dates of attendance Graduation date

---

---

---

---

CEEB Code of the college or university most recently attended. \_\_\_\_\_

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

Course Course number

---

---

---

---

---

---

## PARENT/GUARDIAN

Father's Full Name: \_\_\_\_\_ Living  Yes  No

Address if different from student: \_\_\_\_\_

College(s) attended: \_\_\_\_\_ Degrees: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Living  Yes  No

Address if different from student: \_\_\_\_\_

College(s) attended: \_\_\_\_\_ Degrees: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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 \_\_\_\_\_