ALUMNUS/A INTERVIEW REPORT

Applicant's Name	Social Security Number	
Address		(Please print or type.)
City	State	ZIP
Alumnus/a Name		
Address		
City	State	ZIP
Telephone (Home)	(Work)	
Position	S.C. Class	
 The Alumnus/a Interview is designed for students who a Students who have an interview on campus do not need to Alumnus/a Interview Forms must be received by the following January 1—Early Decision applicants January 15—Athletic Training February 1—Physician Assistant, and Occupational March 30—Physical Therapy April 15—All other freshman applicants 	have an alumnus/a intervie lowing deadlines:	
3. Completed reports can be sent directly to: Springfield College, Office of Admissions, 263 Alde	en Street, Springfield, MA 0	1109-3797.
If you are having difficulty submitting the form in time to meet a deadline, you may fax the report to us at (413) 748-3694.		
1. How did the applicant come to know Springfield C is an appropriate choice?	ollege? Why does the app	olicant feel Springfield College

2. What is the applicant's intended progr	ram of study? How did this in	terest develop?
3. What does the applicant feel to be his	or her academic strengths a	nd weaknesses?
4. Of the school and community activities meaningful to the applicant?	s in which the applicant has p	participated, which seem to be most
5. What is your reaction to the applicant of person who would make a positive co		ommunication skills? Why is this the type ege?
6. On the basis of this interview, I recom ☐ Enthusiastically ☐ Strongly	mend the applicant for admis	ssion to Springfield College:
Alumnus/a Signature		Date of Interview
Length of Interview		
☐ I have been acquainted with the applican☐ I met the applicant for the first time for t		