

# TRANSFER APPLICATION

## Stockbridge School to Bachelor's Degree

### I. GENERAL INFORMATION

Name \_\_\_\_\_  
print Last First Middle

SPIRE ID# \_\_\_\_\_ EMAIL \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Mailing address \_\_\_\_\_  
Street City State Zip

Permanent address \_\_\_\_\_  
Street City State Zip

Mailing address phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Permanent address phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
area code area code

Residency  In-State  Out-of-State      Veteran  Yes  No

### II. ACADEMIC INFORMATION

Planned entrance to UMass  Jan 20 \_\_\_\_  Sept 20 \_\_\_\_ UMass major \_\_\_\_\_ Full-time  Part-time

Previous colleges attended

Name _____	Credits earned _____	Dates attended _____
Name _____	Credits earned _____	Dates attended _____

Stockbridge School status  Currently enrolled  
 Stockbridge School graduate Class of \_\_\_\_\_

### III. DEADLINES

**MARCH 15th**      **Fall Semester Entrance to UMass**  
**OCTOBER 15th**      **Spring Semester Entrance to UMass**

### IV. RETURN APPLICATION TO:

Stockbridge School Office  
 115 Stockbridge Hall  
 413-577-0242 FAX



**if your gpa is 2.5+ you are required to Attach a check to your application for:**

- \$400 Enrollment Fee (non-refundable)

### V. DIRECTOR'S RECOMMENDATION

Unconditional     
  Hold for review of spring/fall grades     
  Recommend community college

Comments \_\_\_\_\_  
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\_\_\_\_\_

Director's signature

Date