

229 Main St., Keene, NH 03435-2604 603-358-2276 or 800-KSC-1909 Fax: 603-358-2767 admissions@keene.edu • www.keene.edu Transfer Application

APPLYING FOR:

□ September 20___ □ January 20__

Please TYPE or PRINT clearly • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
Please do not complete this application if you have a	Gender	Date of birth		
Application or the New Hampshire Transfer Connec		🖵 Male		
	e processing and review of your application. If you have (603) 358-2276 before completing this application.	Female	Month/Day/Year	
		Conternation Other Other Other	to say	
		Social Security n	umber *	
Name (no nicknames, please): Last First	Middle Former last name if any	-	_	
Permanent address, number and street		Security number are aid or to access their	o supply the correct Social not eligible to apply for financial confidential application records	
City /State /Zip	through our online system, WebAdvisor. A KSC email account cannot be issued without the Social Security number.			
Mailing address, if different				
City /State /Zip Telephone with area code		Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th		
Email address (We recommend you use the family address often throughout the application process.)	email address, since many students will change their	grade (or the inter ward, academic o in a disciplinary a include, but are n	rnational equivalent) for- r otherwise, that resulted ction? These actions could ot limited to: probation,	
		from the institution	val, dismissal, or expulsion on.	
Are you a U.S. citizen?	Are you a New Hampshire resident?	□Yes □No		
□Yes □No	🗆 Yes 🗅 No	• • • • • • • • • • • • • • • • • • •		
If you are not a U.S. citizen, please specify:	If yes, for how long?	 Have you ever been convicted of a misdemeanor or felony that has not been annulled by a court? □ Yes □ No If yes, please explain on a separate sheet of paper 		
Country of birth	Are you eligible for Veteran's Benefits?			
Country of citizenship	Please send a copy of your DD 214 form to the Admissions Office if available or applicable.			
Type of visa	Are you 24 years-of-age or younger at the	in complete detail the nature of the offense, the charges, the sentence received, and the extent to which the sentence has been served. Any changes in your situation should be reported to the Admis- sions Office immediately.		
Native language	time of this application with living parents or legal guardians?			
TOEFL test dates	□Yes □No			

ACADEMIC INFORMATION

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Choose your major by referring to the KSC website at keene.edu/catalog.

Please indicate "undecided" if you have not chosen a major at time of application. Education majors should choose a second major. Options for a second major are listed in the catalog descriptions.

Major

Second major for Education majors

Please contact the admissions office if your major choice changes after application. OFFICIAL declaration of major takes place after enrollment.

ESSAY

On a separate piece of paper, please provide an essay on the topic of "Why I want to transfer to Keene State College."

ACADEMIC HISTORY:

Please list every high school and college you have attended, including dates of attendance and degrees or certifications earned.

Official transcripts from each institution must be sent to: Keene State College Office of Admission, 229 Main St Keene, NH 03435-2604. If your institution(s) offers electronic delivery of your official transcript, please provide them with the following e-mail address: admissions@keene.edu.

A high school transcript is not required if you have earned an associate's degree or higher from an accredited college/university. That degree and the date conferred must be noted on the official transcript.

You must have official transcripts sent directly from every institution to the Admissions Office.

Have you previously attended Keene State College?

Are you currently taking classes at Keene State College through Continuing Education?

Present/most recent school	Location	CEEB Number	Dates attended*	# Credits	Degree(s) awarded
Previous school	Location	Dates attended	# Credits		
Previous school	Location	Dates attended	# Credits		

Attach separate sheet if needed.

* If still attending, enter your estimated end date. Example: 06/01/2016

I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of Keene State College and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false. I understand that all offers of admission are conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from the school.

NOTE: Applications will not be processed without a signature.

Today's date

Signature of applicant

The information provided to Keene State College becomes the property of the College. In accordance with the Family Educational Rights and Privacy Act (FERPA), students retain the right to review their records.

If you wish to pay your application fee by credit card (Visa or Mastercard), please provide us with the following information:	Expiration date	Application fee: \$50
	Credit card #	Signature



TO THE APPLICANT:

Please complete the first section of this form and forward it to the Dean of Students or the person responsible for student disciplinary records at the college or university you are currently attending. If you are not currently matriculated, this form must be completed by the institution you last attended. Your application will not be considered complete until this form is received.

Student's Name: ______ Social Security Number: ______

Current Address:

I () am attending or () last attended:

Name of college/university:

Date(s) of attendance: _____

TO COLLEGE/UNIVERSITY OFFICIAL:

Please complete the following information on the above-named student, who is applying to Keene State College. The information will be held in strict confidence. Thank you for your assistance. Please return to:

Admissions Office Keene State College 229 Main Street Keene, NH 03435-2604

Has the student been involved in any serious disciplinary actions at your school? DYes DNo Is the student in good standing and eligible to return to your institution? Tayles Tayles No Please provide any additional commentary that would assist our Admissions Committee in making a decision. Use the back of this paper if necessary.

Signature:	Date:
Name (please print):	Institution:
Title:	Phone: