SPECIAL STUDENT APPLICATION FORM  
(NON-MATRICULATED STUDENT)  

Instructions: Complete this form and submit it to the Dean of the College, Smith Hall.

BIOGRAPHICAL INFORMATION

Name____________________________________________________________ Student Identification Number____________________________________________________________
(For Graduate Attendees) If attended Hobart and William Smith Colleges under a different name, please indicate name here: __________________________________________________ Year of Graduation: ______________________

Mailing address ______________________________________________________________________________________________________________________________________

Home address (if different from above) ______________________________________________________________________________________________________________________________________

Birth date _________________________ Home telephone number: (________) ______________________________

Country of citizenship (if not USA) __________________________________________________ Visa Type ______________________________

What semester are you planning to register? (check one): _____ Fall Semester 20____ _____Spring Semester 20____

Signature of Applicant ___________________________________________________________ Date ______________________

*****************************************************************************************************************************************

FAMILY (optional)

Parent/Guardian/Spouse full name __________________________________________________ Living? __________________________

Home address (if different from yours) ______________________________________________________________________________________________________________________________________

Occupation __________________________________________________________________________________________________

Firm ______________________________________ Address ______________________________________________________________

Colleges attended (if any) __________________________________________________ Degree _________ Years ________

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EDUCATION

List most recent secondary schools and colleges below.

<table>
<thead>
<tr>
<th>Name of School/College</th>
<th>City, state, Zip Code</th>
<th>Degree Candidate</th>
<th>Dates Attended</th>
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REASON FOR ATTENDING AS A SPECIAL STUDENT: ______________________________________________________

FOR DEAN’S OFFICE USE ONLY:

Please check appropriate special student classification below:

___ (BLANK) NO SPECIAL TUITION
___ GA GRADUATE ATTENDEE
___ FL FINGER LAKES AREA STUDENT
___ VC VISITING STUDENT HWS CONSORTIA
___ VF VISITING STUDENT FULL-TIME
___ VP VISITING STUDENT PART-TIME
___ S1 BASIC SPECIAL STUDENT-CREDIT
___ EX EXPERIMENTAL STATION EMPLOYEE – 1 COURSE CR
___ HS HIGH SCHOOL STUDENT

APPLICATION FEE: ____________________________

Signature of Dean ___________________________________________ Date __________________

PLEASE FORWARD TO REGISTRAR’S OFFICE UPON COMPLETION OF THIS SECTION

FOR BURSAR’S OFFICE USE ONLY:  
Tuition: ____________________________

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