

Colgate University

Visiting and Special Exemption Student Application

TYPE OF APPLICATION

Visiting student Special exemption student

INTENDED TERM OF ENROLLMENT

Fall _____ Spring _____
YEAR YEAR

PERSONAL INFORMATION (please type or print clearly)

Name _____
LAST/FAMILY/SURNAME FIRST/GIVEN NAME MIDDLE NAME PREFERRED NAME

Gender Female Date of birth _____ Social Security number (optional) _____
 Male MM/DD/YYYY

Permanent home address _____
STREET ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Mailing address (if different from above) _____
STREET ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Email address _____

Preferred phone _____ Alternate phone _____

ADDITIONAL INFORMATION

Current college or university _____
INSTITUTION NAME

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Have you ever applied for admission to or attended Colgate University? Yes
 No

If yes, please provide the term year of application(s) or attendance. _____

Please list family members who have attended or graduated from Colgate including last name, first name, graduation year or year(s) attended, and relationship to you.

CONTINUED ON NEXT PAGE

Please share your reason for applying for visiting or special exemption student admission to Colgate University.

Is there an academic program of interest to you at Colgate?

DISCIPLINARY INFORMATION

Have you ever been dismissed, suspended, placed on probation, or required to leave secondary school or college/university for any length of time?

- Yes
- No

If yes, please provide an explanation of the circumstances.

SIGNATURE

I certify that all information submitted in the admission process, including the application and any supporting materials, is my own work, factually true, and honestly presented.

SIGNATURE

PRINTED NAME

DATE

Colgate University

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COLLEGE OFFICIAL'S REPORT

This report to be completed by dean or faculty adviser.

Applicant name _____
LAST/FAMILY/SURNAME FIRST/GIVEN NAME MIDDLE NAME

Date of birth _____ Current institution _____
MM/DD/YYYY

APPLICANT STATUS

If responding "no" to any or all of the following questions, please include an explanation below.

Is this applicant approved for visiting or special exemption student status? Yes No

Is this applicant in good standing? Yes No

Is this applicant eligible to return to your institution? Yes No

Please include any comments below.

DEAN OR FACULTY ADVISER CONTACT

Name _____ Title _____

Institution _____
COLLEGE/UNIVERSITY NAME CITY/STATE

Email address _____ Phone number _____

SIGNATURE

SIGNATURE DATE