



SMITH COLLEGE

Office of Admission

Smith College  
Northampton, Massachusetts 01063  
T (413) 585-2500  
F (413) 585-2527  
admission@smith.edu

# Application for Visiting Student Status

**TO THE APPLICANT:** Return this form promptly to the Office of Admission along with the \$60 non-refundable application fee.

Are you applying for: ☐ September entrance (filing date July 1) ☐ January entrance (filing date December 15)

Name Last First Middle Preferred name

Home address Street address E-mail

City State ZIP code Country Home telephone ( )

Mailing address (☐ Check here if same as home address; otherwise, complete section below.)

Mailing address Street address City Effective until / /  
Month/Day/Year

State ZIP code Country Telephone ( )

Date of birth Place of birth

Social Security number (optional) ☐ Check here if you do not have a Social Security number.

Country of citizenship

If not a U.S. citizen, do you have a permanent resident visa? ☐ Yes ☐ No

Alien registration number (if applicable) If you currently have a U.S. visa, give visa type

College or university Name

Location City State Country Year of graduation

Current college major

Secondary school from which you have graduated Name

Location Dates of attendance /  
From (Month/Year) / To (Month/Year)

Have you applied to Smith before? ☐ Yes ☐ No If yes, for what year?

What area of study do you intend to pursue at Smith? Do you intend to enroll for: ☐ one semester ☐ one year

Mother's full name Last First Maiden Name of college (if any)

Address Street address City State ZIP code

Father's full name Last First Middle Name of college (if any)

Address Street address City State ZIP code

If any of your relatives has attended Smith or has been associated with Smith in some capacity, please indicate.

Name Maiden/married Relationship to you Class at Smith or other association (if deceased, give year of death)

Name Maiden/married Relationship to you Class at Smith or other association (if deceased, give year of death)

PLEASE TEAR HERE

## GENERAL INFORMATION

**OPTIONAL:** The items in this section are optional. No information you provide will be used in a discriminatory manner.

1. US Armed Services veteran? ☐ Yes ☐ No

2. Are you Hispanic or Latino/a?

☐ Yes, Hispanic or Latino/a (including Spain) ☐ No

*Please describe your background* \_\_\_\_\_

3. Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

☐ American Indian or Alaska Native (including all Original Peoples of the Americas) Are you Enrolled? ☐ Yes ☐ No

If yes, please enter Tribal Enrollment Number \_\_\_\_\_

*Please describe your background* \_\_\_\_\_

☐ Asian (including Indian subcontinent and Philippines)

*Please describe your background* \_\_\_\_\_

☐ Black or African American (including Africa and Caribbean)

*Please describe your background* \_\_\_\_\_

☐ Native Hawaiian or other Pacific Islander (Original Peoples)

*Please describe your background* \_\_\_\_\_

☐ White (including Middle Eastern)

*Please describe your background* \_\_\_\_\_

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We are interested in why you wish to spend a semester or a year on our campus. Explain briefly your reasons for wishing to be a visiting student at Smith. Please be specific about how it will further your educational goals.

If there are specific courses which you *must* take at Smith, please list them.

I hereby authorize the exchange of my educational records between my home and host institutions.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

PLEASE TEAR HERE