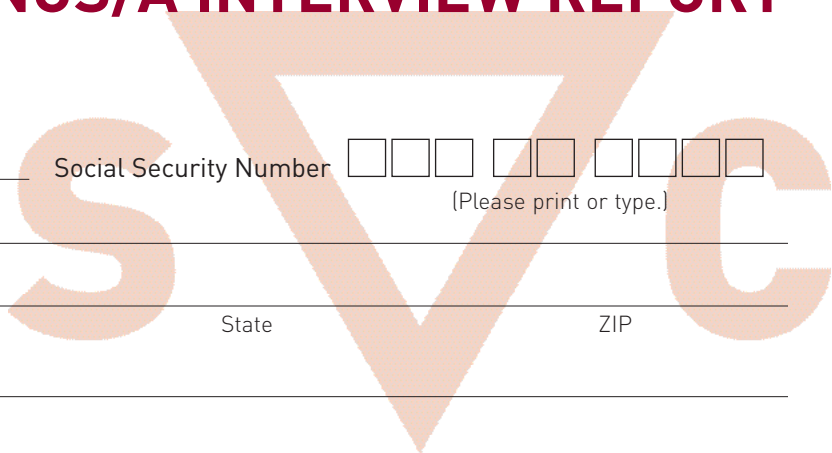


ALUMNUS/A INTERVIEW REPORT



Applicant's Name _____ Social Security Number
(Please print or type.)

Address _____

City State ZIP

Alumnus/a Name _____
Address _____

City State ZIP

Telephone (Home) _____ (Work) _____

Position _____ S.C. Class _____

Information provided on this form will be used for admission purposes only and will not become a part of the student's permanent record at Springfield College.

Guidelines:

1. The Alumnus/a Interview is designed for students who are unable to have an on-campus interview. Students who have an interview on campus do not need to have an alumnus/a interview.

2. Alumnus/a Interview Forms must be received by the following deadlines:

January 1—Early Decision applicants

January 15 —Athletic Training, Physical Therapy

February 1—Physician Assistant, and Occupational Therapy applicants

April 15—All other freshman applicants

3. Completed reports can be sent directly to:

Springfield College, Office of Admissions, 263 Alden Street, Springfield, MA 01109-3797.

If you are having difficulty submitting the form in time to meet a deadline, you may fax the report to us at (413) 748-3694.

1. How did the applicant come to know Springfield College? Why does the applicant feel Springfield College is an appropriate choice?

2. What is the applicant's intended program of study? How did this interest develop?

3. What does the applicant feel to be his or her academic strengths and weaknesses?

4. Of the school and community activities in which the applicant has participated, which seem to be most meaningful to the applicant?

5. What is your reaction to the applicant's maturity, sociability, and communication skills? Why is this the type of person who would make a positive contribution to Springfield College?

6. On the basis of this interview, I recommend the applicant for admission to Springfield College:

- | | |
|---|---|
| <input type="checkbox"/> Enthusiastically | <input type="checkbox"/> Fairly strongly |
| <input type="checkbox"/> Strongly | <input type="checkbox"/> Do not recommend |

Alumnus/a Signature _____ Date of Interview _____

Length of Interview _____

- I have been acquainted with the applicant for _____ years.
 I met the applicant for the first time for the interview.