

Hamilton

e-mail: admission@hamilton.edu
www.hamilton.edu

Hamilton College Office of Admission
198 College Hill Road, Clinton, NY 13323
Telephone: 800-843-2655 or 315-859-4421
Fax: 315-859-4457

APPLICATION SUPPLEMENT

All first-year admission candidates must submit this form in addition to a completed Common Application, regardless of whether you use a Common Application obtained from Hamilton or from another source. Please respond to each question below and return this form with your application, or submit it promptly if the form has been mailed to you with a request for missing items.

PLEASE CHECK APPROPRIATE BOX (ONLY ONE): ED Plan I ED Plan II Regular Decision

PERSONAL DATA:

Student Name: _____
Last First Middle (complete) Jr. etc.

Address: _____
Street City State Zip

Social Security Number (if any): ____ - ____ - ____ Birth Date: ____ / ____ / ____

High School: _____
City State Zip

High School CEEB Code (if known): _____

PLEASE CHECK APPROPRIATE BOX (ONLY ONE):

Candidates are admitted for semesters starting in both August and January. We are unable to guarantee your first choice semester, but we would like you to indicate your preference: Either August 2011 or January 2012 August 2011 preferred January 2012 preferred

INTEREST IN HAMILTON:

Have you visited the Hamilton College campus? Yes No

How did you first learn about Hamilton? _____

Please indicate all events at which you met a Hamilton representative:

College fair at _____

High school visit by a Hamilton representative

Evening presentation for you and your parents at a local site

Group information session on campus

On-campus interview

Off-campus interview

On-campus program (Open House, Junior Preview Day, Diversity Program, Overnight Visit)

Campus tour

Contact with coach _____
(name of coach)

Other (please specify) _____

RELATIVES WHO HAVE ATTENDED HAMILTON:

List any family members who have attended or graduated from Hamilton. Provide full name, class year at Hamilton and relationship to you.

STANDARDIZED TEST SCORES: (see application instructions or www.hamilton.edu/testing for list of choices)

The Admission Committee's policy is to select the testing options that will serve you best. If you prefer to choose specific tests to fulfill our requirement, please check the appropriate box below:

I would like the Admission Committee to make a selection in my best interest.

Please use my SAT or ACT scores.

Please use the following three tests:

1. _____ (English/Writing/Verbal)

2. _____ (Quantitative/Math)

3. _____ (test of your choice)

(OVER)

