APPLICATION FOR READMISSION

Fall entrance: Due July 1
Spring entrance: Due December 1

To be eligible for readmission, a student should have left Bard College at Simon’s Rock in good academic, social, and financial standing and must have an educational goal consistent with the purpose of the college. (Students seeking readmission who were not in good social standing and/or academic standing when they left should answer Question 7 particularly thoughtfully.)

Name: ______________________________________________________

Last          First          Middle

Current Address: ______________________________________________________

City: ___________________________ State: _____ Zip Code: __________

Current Telephone: (______)______________ Simon’s Rock ID #: _______________________

Email address: ______________________________________________________

1. Semester, year and degree program in which you wish to be readmitted:

   Fall _______ Spring: ______ 20 __    AA _______ BA _______

   If BA, did you moderate before you left Simon’s Rock. _______
   If “yes”, what concentration: _________________________________

2. Since you left Simon’s Rock, have you attended another college or university? Yes _____ No _____

3. If "yes", give the college/institution name(s): _________________________________

   If you have completed courses elsewhere, we must receive a copy of your transcript before we review
   your application; if you are currently taking classes, please send us your course schedule for the current
   semester and note in your application essay how you are doing in these classes (note: we may opt to
   delay a decision on your readmission until we receive your transcript for the current semester). Have all
   transcripts sent to: Registrar’s Office - Attn: Readmission
   Bard College at Simon's Rock, 84 Alford Road
   Great Barrington, MA 01230

4. Who will be responsible for paying your bills to the college?

   Name: ______________________________ Relationship: __________________________

   Address (If different from yours): ____________________________________________

   __________________________________________________

   Telephone: ___________________ Email: ________________________________

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5. Are you planning to apply for Financial Aid? yes ______ no ______

Financial aid information is on our website at: https://simons-rock.edu/admission/tuition-and-financial-aid/

6. Will you require on-campus housing? Yes ______ No ______

(Only seniors can petition to live off campus. Local students living with their family in the local area are of course eligible to live with their families. All students who live on campus must attend full time).

If yes, please rate the following in order of preference:

_____ Crosby  _____ Hill House
_____ Carriage House  _____ Kendrick
_____ Dolliver  _____ Pibley

7. Personal Statement: Please explain why you left Simon's Rock, what you’ve been doing since you left, and why you want to return. Discuss what you hope to accomplish by returning to Simon's Rock.

8. Recommendation: If you have been attending another college or university, submit a letter of recommendation from one of your instructors. If you have been employed during your time away, you may have your employer write the recommendation.

9. Official Transcript(s): These must be sent directly to the Office of the Registrar at Bard College at Simon's Rock. To help expedite our review of your application for readmission and determination of class standing, you may also enclose an unofficial copy of your transcript or a list of the courses taken and grades received with this application.

10. $75 Application Fee: Checks should be made out to Bard College at Simon’s Rock. This fee is non-refundable.

Please send this application and the supporting materials requested to:

Susan Lyon, Dean of Academic Engagement
Bard College at Simon's Rock
84 Alford Road
Great Barrington, MA 01230

If you have questions, call the Office of Academic Affairs at (413) 528-7246 or email Susan Mower at smower@simons-rock.edu.

I hereby confirm that the information submitted with this application is accurate and true.

_________________________________________  ___________________________
Signature of the Applicant                        Date

_________________________________________
for office use only

Decision of Academic Dean ___________________________ Date ___________________________

_________________________________________
Signature of Academic Dean ___________________________

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