

# MOUNT HOLYOKE COLLEGE

South Hadley, Massachusetts 01075

Application for Graduate Work

(to be filled out in duplicate)

Name in full (underline family name) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone number (area code) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

## PREVIOUS ACADEMIC AND PROFESSIONAL TRAINING

*Name of Institute*

(Secondary School and  
College or University)

*Dates of*

*Attendance*

*Degree or Diploma*

*Date*

*Received*

<i>Name of Institute</i> (Secondary School and College or University)	<i>Dates of</i> <i>Attendance</i>	<i>Degree or Diploma</i>	<i>Date</i> <i>Received</i>

Honors or other evidence of high scholarship, with place and date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original work done, including unpublished papers and contributions to periodicals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Positions held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reading knowledge of the following (please check):

Chinese \_\_\_\_\_ French \_\_\_\_\_ German \_\_\_\_\_ Greek \_\_\_\_\_ Italian \_\_\_\_\_ Japanese \_\_\_\_\_

Latin \_\_\_\_\_ Russian \_\_\_\_\_ Spanish \_\_\_\_\_ Other Languages \_\_\_\_\_

\_\_\_\_\_

Semester/Year for which application is made \_\_\_\_\_

Degree sought \_\_\_\_\_

Proposed special field(s) of study, if known \_\_\_\_\_

Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Present Address \_\_\_\_\_

Present Telephone (area code) \_\_\_\_\_

Present e-mail address \_\_\_\_\_

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## Application Procedure

To be submitted by February 15:

Senior Administrative Assistant  
Psychology and Education Department  
Mount Holyoke College  
50 College Street  
South Hadley, MA 01075-1462

- Two copies of the application form.
- A short statement indicating the reasons for wishing to undertake graduate study at Mount Holyoke and describing professional goals.
- A Recorder's or Registrar's official transcript of all college or university work (undergraduate and graduate), including, if possible, the rank in class.
- Three letters of recommendation from persons familiar with the applicant's academic work. The recommendations should be mailed directly by the recommender to the above address. Please list their names and institutions or affiliation below:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- If the applicant's native language is not English, include a letter from someone qualified to report on the applicant's proficiency in the use of English.

*Mount Holyoke admits qualified students with any disability and of any age, religion, sexual orientation, race, color, national origin, or Vietnam-era status to all the rights, privileges, programs, and activities generally accorded or made able to students, and does not discriminate on the basis of these factors in the administration of its educational policies and programs.*