

# ST. LAWRENCE UNIVERSITY

## REQUIRED TRANSFER COMMON APPLICATION SUPPLEMENT

---

Name: \_\_\_\_\_

College currently attending or last attended: \_\_\_\_\_

List the name, class year and relationship of relatives who have attended or are attending St. Lawrence (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you previously applied for admission to St. Lawrence?  yes  no If yes, for entry in what semester? \_\_\_\_\_

**Applicants to St. Lawrence are not required to submit any standardized test scores. Please indicate your preference by checking one of the boxes below:**

- Do not consider any of my standardized test scores
- Consider all of my standardized test scores
- Consider my SAT Reasoning Test scores *only* (formerly the SAT-I)
- Consider my ACT scores *only*

*If you indicate that you would like us to consider any or all of your scores, it is your responsibility to ensure that we will receive them. If we do not have your scores on file at the time of evaluation, we will review your application without them.*

*If you do not select any of the options above, we will use whatever information you provide to us (i.e. we will consider scores if they have been provided, and will not consider scores if they have not been provided). If you choose to submit SAT Subject Test scores, AP exam scores, etc. we will consider them.*

Indicate how you first became interested in St. Lawrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form by the appropriate deadline.

Fax: 315-229-5818  
St. Lawrence University  
Office of Admissions  
Canton, NY 13617

---