

STUDENT-

AT-LARGE application

The University of Chicago Student-at-Large Application for Admission



Application for Admission

1

2. Attach a check for \$120.00 to this form. Make the check payable to the University of Chicago. Do not send cash. This fee is nonrefundable.

Proposed Term of Entrance CHECK ONE Winter □ Spring ■ Autumn General Information PRINT OR TYPE I. Full Name _ Mailing Address _ ZIP CODE COUNTRY (IF NOT U.S.) Permanent Address (if different from address above) ___ Fax () _____ Email ____ Social Security Number (U.S. only) ______ Birthdate _____ Birthplace ___ 2. Citizenship U.S. Other (specify country of citizenship) U.S. Permanent Resident (provide your Alien Registration Card number) How long have you lived in the United States? (in years) ___ If you reside in the U.S. and are not a U.S. citizen or Permanent Resident, what kind of visa do you hold? ☐ Student (F-1) ☐ Exchange Visitor (J-1) ☐ Tourist (B-2) ☐ Refugee ☐ Other (specify) _ **3**. Is a language other than English spoken regularly at home? \square Yes \square No If yes, which language? \square **4.** Are you currently a degree candidate at another institution? \square Yes \square No

For Office Use Only: CN: A: D: FORM 1 page 1 of 4

5. Have you previously applied to the University of Chicago?						Dates of Attendance (month/year)		Dates or Expected Date of Degree
Have you previously applied to the University of Chicago?			•					(month/year)
. Have you previously applied to the University of Chicago?								
amily Information Parent 1								
Parent 1 Parent 2 Mailing Address Mailing Address Occupation Occupation Employer Employer College(s) Attended Ocgree(s) and Year(s) Degree(s) and Year(s) If deceased, date of death If deceased, date of death Strokers and/or sisters:						•		·
Mailing Address Mailing Address	•							
Occupation Occupation Occupation College(s) Attended Oegree(s) and Year(s) If deceased, date of death	. Parent 1			Parent 2 _				
Occupation Occupation Employer Employer College(s) Attended College(s) Attended Degree(s) and Year(s) Degree(s) and Year(s) If deceased, date of death If deceased, determined the If deceased, date of death If deceased, determined the	Mailing Address			Mailing A	ddress			
Employer Employer Employer College(s) Attended College(s) Attended Degree(s) and Year(s) Degree(s) and Year(s) If deceased, date of death If deceased, date of death Employer	DTY STATE	ZIP CODE	COUNTRY (IF NOT U.S.)	aty	STATE		ZIP CODE	COUNTRY (IF NOT U.S.)
College(s) Attended College(s) Attended Degree(s) and Year(s) Degree(s) and Year(s) If deceased, date of death If deceased, date of death Brothers and/or sisters:	Occupation			Occupation	n			
Degree(s) and Year(s) Degree(s) and Year(s) If deceased, date of death If deceased, date of death Brothers and/or sisters:	Employer			Employer _				
If deceased, date of death If deceased, date of death Brothers and/or sisters:	College(s) Attended			College(s)	Attended			
Brothers and/or sisters:	Degree(s) and Year(s)		_	Degree(s) a	and Year(s)			
	If deceased, date of death _			If deceased	l, date of dea	th		
Name Age College Attended Degree Year	. Brothers and/or sisters:							
	Name	Age		College Attended	I		Degree	Year

FORM

Տար	oplementary Information				
I. I	How did you first become interested in	·			
	If any members of your family have been as	ssociated with the Uni	, c	ationship to you, a	and connection
3.	Have you consulted with any University	y of Chicago alumni	, faculty members, or staff member	s regarding admi	ission?
[☐ Yes ☐ No If yes, with whom and	when?			
4.]	If there were periods other than summer	s when you were not	a full-time student, describe what y	you did during tl	hose times.
[Have you ever been dismissed, placed o ☐ Yes ☐ No If yes, please explain o	on a separate sheet o	f paper.		
	the space available and on your having sa Department				
-					
Wo	ork Experience				
	t all full- and part-time jobs you have h	eld.			
	Type of Work	Employer	Employment Dates	Hours per Week	Weeks per Year
-					

Activities and Interests

1. List your college extracurricular, community, and recreational activities.

Activity	Year(s) of Participation FR SO JR SR	Positions Held or Honors Won

2. In the space provided below, briefly discuss a few of your favorite books, poems, authors, films, plays, pieces of music, musicians, performers, paintings, artists, magazines, or newspapers. Feel free to touch on one, some, or all of the categories listed or add a category of your own.

Essay

On a separate sheet of paper, please respond to the question below and attach your answer to this form.

Discuss your reasons for applying as a student at large to the University of Chicago. Include your reasons for seeking this status rather than a degree program, your reasons for selecting the areas of study you have chosen, and your educational objectives.

My signature indicates that all information submitted is factually correct, complete, and honestly presented.

Signature	Name	Date
	PRINT OR TYPE	





Secondary School Report 2

Applicant

Complete the section below and send this form to your secondary school counselor, principal, or headmaster. PRINT OR TYPE 1. Full Name _ Mailing Address _ ZIP CODE COUNTRY (IF NOT U.S.) 2. Official School Name -.CEEB code_ 7IP CODE COUNTRY (IF NOT U.S.) **3.** Proposed Term of Entrance: ☐ Winter Autumn ☐ Spring Secondary School Counselor The person named above is applying for admission to the University of Chicago as a student at large. A full and candid report from your school will be essential for us to understand the applicant. We therefore ask a school official who knows the applicant well to rate and comment on this student's character and ability. You need not provide information that is included on the transcript. We intend to use this report solely for the purpose of determining whether, in the judgment of the Committee on Admissions, the applicant should be admitted. After the committee has made its decision, this recommendation form will be removed from the file and destroyed and will not be part of the student's educational record if he or she matriculates. Do not hesitate to call the Office of College Admissions at 773.702.8650 if you have questions. Please complete and mail this form to the above address postmarked no later than six weeks prior to the start of the academic quarter for which the student is applying. Student and School Information PRINT OR TYPE Date student graduated _ 1. Date student entered your school 2. Type of school: Public Private Parochial International

3. Type of school calendar: □ Block □ Semester □ Trimester

4. List other secondary schools student attended _

Student Transcript

- 1. Please enclose your school's official transcript. It would be helpful to have the following information:
 - a. Courses taken, year taken, and grades
 - b. Courses failed or repeated
 - c. Indication of honors, accelerated, Advanced Placement, and International Baccalaureate courses or sections
 - d. A brief explanation of your grading system
 - e. Numerical rank in class—please explain which course grades, which school terms, and what course weighting, if any, are reach side in the computation of class rank
- 2. If a profile of your school is available, please enclose it as well.



Dean of Students' Recommendation

3

Applicant			
Complete the section below and give this form	to the dean of students of the co	ollege or university where you	ı are currently a degree candidate
PRINT OR TYPE			
I. Full Name	MIDD	XE	LAST (FAMILY)
Mailing Address			
ary	STATE	ZIP CCDE	COLNTRY (IF NOT U.S.)
2. Proposed Term of Entrance:		Autumn	
3. Please sign and date the following state	ement.		
I am an applicant for admission to the Uni Privacy Act of 1974. I authorize you to r			
Name			
Signature		Date	
Dean of Students			
The person named above is applying for admishelp us to evaluate the applicant. Please feel fre			

PRINT OR TYPE

1. What are this applicant's reasons for wishing to become a student at large at the University of Chicago?

2. Please give us your opinion of the applicant's scholarship and character.

six weeks prior to the start of the academic quarter for which the student is applying.

3. If there are any special situations in the applicant's background that should be considered, please describe them.

4. Has this student ever been under official probation? If so, what were the circumstances?

5. Do you have any other comments or observations?

Your Name Position Position

Length of time acquainted with applicant

Telephone (AREA CODE Email

College or University Name

Street Address

OTY STATE ZIP CODE COUNTRY (F NOTUS.)

Date





College Instructor's Recommendation

Applicant

Signature.

Complete the section below and give this for	m to one of your past of	r present college instructors.	
PRINT OR TYPE			
I. Full Name		MIDDLE	LAST (FAMILY)
Mailing Address			
ату	STATE	ZIP CODE	COUNTRY (IF NOT U.S.)
2. Proposed Term of Entrance: Winter	☐ Spring	Autumn	
Instructor			
The person named above is applying for admis habits of study, grasp of material, analytical abil tion will be used for the purpose of determining ted to the University of Chicago. Should the appuntil the end of his or her student-at-large quar If you have questions, call the Office of College Use the reverse side for your remarks or sub and mail to the above address postmarked no la	lity, ability to engage in d g whether, in the judgmer plicant matriculate, the reter in residence, when the e Admissions at 773.702. bmit a letter printed on y	iscussion, motivation, and intent of the Committee on Admitecommendation will remain part recommendation will be respected. 8650. Your school's stationery. Pleas	rellectual interests. Your recommenda- assions, the applicant should be admit- part of the student's educational record moved from the record and destroyed e staple additional sheets to this form
PRINT OR TYPE			Y ()
Subject(s) you taught this student			Year(s)
Your Name	Pc	sition	
Length of time acquainted with applicant _			
Telephone (_ Email		
College or University Name			
Street Address			

Date

COUNTRY (IF NOT U.S.)

ZIP CODE