

**Due Date:**  May 7, 2010

Important: This form should be completed and mailed **as soon as you decide to apply to Dartmouth**. Do not wait until you have completed any other forms. Make sure the application fee is attached below. Send to: Admissions Office, 6016 McNutt Hall, Dartmouth College, Hanover, NH 03755-3541, Attn: Summer Admissions.

**FULL LEGAL NAME:** \_\_\_\_\_  
(Please print or type) Last First Middle (Jr., III, etc.)

*NOTE: If you prefer to use your first initial and middle name, underline your middle name.*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex: M  F   
Month Day Year

**HOME ADDRESS**

Street Address City State Zip Code Country

Telephone: \_\_\_\_\_  
Area Code Number

**CURRENT ADDRESS (if different)** Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Street Address City State Zip Code Country

Telephone: \_\_\_\_\_  
Area Code Number

Current email address: \_\_\_\_\_

Current College/University: \_\_\_\_\_ College Board Number: \_\_\_\_\_

College/University Address: \_\_\_\_\_  
Street Address City State Zip Code Country

Undergraduate year you will have completed by June, 2010: Fr \_\_\_ So \_\_\_ Current academic major (if known): \_\_\_\_\_  
Jr \_\_\_

Have you been a candidate for admission to Dartmouth in any previous year? YES  NO  Year: \_\_\_\_\_

If so, were you a:  First Year or  Transfer applicant?  Summer applicant? Year: \_\_\_\_\_

Have you enrolled in our summer term before? YES  NO  Year: \_\_\_\_\_

**APPLICATION FEE**

A non-refundable application fee of \$80.00 in U.S. currency is required of all candidates. A check or money order should be made payable to Dartmouth College and attached below.

**ALL APPLICANTS - CHECK AND SIGN BELOW :**

\_\_\_\_ I am attaching a check or money order for \$80.00 in U.S. currency made payable to Dartmouth College.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTACH \$80 CHECK OR  
MONEY ORDER HERE.

OTHER SCHOOLS ATTENDED SINCE NINTH GRADE:

Name of School	College Board Number	Location	Dates of attendance (month/year) to (month/year)
_____	_____	_____	To _____
_____	_____	_____	To _____
_____	_____	_____	To _____

MOTHER'S FULL NAME: \_\_\_\_\_ College, if any: \_\_\_\_\_  
Class

Mother's Address: \_\_\_\_\_  
Street Address City State Zip Code Country

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_ College, if any: \_\_\_\_\_  
Class

Father's Address: \_\_\_\_\_  
Street Address City State Zip Code Country

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Check as appropriate:  Father deceased  Mother deceased  Parents never married  Parents divorced  Parents separated  Father remarried  Mother remarried

If any of the above boxes are checked, provide below information regarding the parent or guardian with whom you legally reside and to whom official College correspondence should be sent:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code Country

BROTHERS: No. \_\_\_\_\_ Ages: \_\_\_\_\_ Colleges Attended : \_\_\_\_\_

SISTERS: No. \_\_\_\_\_ Ages: \_\_\_\_\_ Colleges Attended : \_\_\_\_\_

APPLICANT'S MARITAL STATUS: Single \_\_\_\_\_ Married \_\_\_\_\_ CHILDREN: No. \_\_\_\_\_ Ages: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If not a U.S. citizen, are you a permanent resident? \_\_\_\_\_ If yes, enclose a photocopy of both sides of your Green Card.

Is a language other than English spoken at home? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

In which language are you most fluent? \_\_\_\_\_ If born outside the U.S., date of entry to U.S. \_\_\_\_\_

If you wish to be identified with a particular racial or ethnic group, please indicate below. (This question is optional.)

- |  |  |
|--|--|
| <input type="checkbox"/> African-American or Black   | <input type="checkbox"/> Puerto Rican                                    |
| <input type="checkbox"/> Asian, Asian American or Pacific Islander<br>(Please specify country of origin) | <input type="checkbox"/> Other (please specify) _____                    |
| <input type="checkbox"/> Asian _____   | <input type="checkbox"/> Native American                                 |
| <input type="checkbox"/> Asian American _____  | <input type="checkbox"/> Alaska Native                                   |
| <input type="checkbox"/> Pacific Islander _____  | <input type="checkbox"/> American Indian<br>(please specify tribe) _____ |
| <input type="checkbox"/> Latino  | <input type="checkbox"/> Native Hawaiian                                 |
| <input type="checkbox"/> Chicano/Mexican American  | <input type="checkbox"/> White/Caucasian                                 |
| <input type="checkbox"/> Cuban   | <input type="checkbox"/> Other (please specify) _____                    |