Hamilton Horizons Program

Application for Admission for Employees, Spouses/Partners and Retirees

Please return this application to Human Resources with a signed copy of the Honor Pledge and request for tuition waiver, if applicable. In order to facilitate academic advising, it is helpful to have copies of all college transcripts available. Please type or print clearly.

Name					
Last	First Mia	ddle Initial or Ma	den Name		
Social Security #	Date of Birth		Sex		
Race/Ethnicity: Black	Hispanic WhiteAmerican India	n/Alaskan			
Native Asia	n/Pacific Islander				
Home Address					
Street	City	State	Zip		
Home Phone	Campus Ext				
Job Title	E-Mail Address				
Term for which you are applying _					
Affiliation with Hamilton: Employee Spouse/Partner of Employee Retiree					
I am taking this course:at Hamilton College(Check One)through the Mohawk Valley College Consortium Cross Registration Program					
High School(s) Attended	City/State	Dates of A	Attendance		
Colleges Attended, if any	Number of Credits Taken	Dates of A	Attendance		

HONOR CODE

One of the distinctive features of a Hamilton education is the Honor Code, which requires absolute honesty and originality in a student's academic work. We trust that your application is undertaken in this spirit.

Signature		Date	
To Be Comp	leted by Human Resources:		
Start Term _	Reviewed By	Date	
Copies to:	Associate Dean of Students (Academic) Registrar's Office		