

TRINITY COLLEGE
Office of Graduate Studies
Trinity Commons 113
300 Summit Street
Hartford, CT 06106-3100

Telephone: (860) 297-2151 Fax: (860) 297-2521

E-mail: gradstudy@trincoll.edu

APPLICATION FOR ADMISSION TO BA/MA PROGRAM IN AMST

Name	Student ID Number (current students)			
Permanent Address				
Campus Address				
Preferred E-mail Address				
Telephone: Home: ()				Ext
Place and Date of Birth City				
Previous name (married, maiden) that may appe	ear on transcripts or acade	mic references	State	Date
Of what country are you a citizen?	If not	U.S., note your Visa S	tatusExpirat	ion Date
Are you receiving/applying for Financial Aid as	s an undergraduate?	Type of a	id	
Desired semester and year for this application?				
Desired field of study	Desired c	oncentration within fie	eld(if applicable	2)
All high schools, colleges, and universities attended other than Trinity College: (As soon as possible, arrange to have an official				
High Schools, Colleges, and Universities Loc	cation Dates of Atte From To	ndance Major	r Degree	Date Earned
For high school applicants acceptance will be ba GPA of 3.0 and a minimum AMST or HIST GP 3.0 and a minimum AMST or HIST GPA of 3.5 student for a continuing research project that will	A of 3.5. Once accepted in . <i>All students</i> must gain wi	nto the program <i>all stud</i> ritten approval from a	dents must maintain an o Frinity College faculty sp	overall minimum GPA of ponsor who accepts the
Letters of Recommendation: Each applicationly) and one additional letter of recommendation provide a list of intended courses and a description	ion from a person who has	direct knowledge of y	our academic work. Cu	
Name	Address		Position	
Name	Address		Position	

List academic honors, prizes, published	articles, or books.				
Relatives who have attended Trinity (gi	ve name, relationship, and dates attended)				
Employment Record, chronologically beginning with <u>present</u> position:					
Employer	Position or Responsibility	Dates			
Are there any physical factors that will	make it difficult for you to pursue your academic wo	rk?If "Yes," please explain on a separate sheet.			
Have you ever been dismissed from or o	denied readmission to any college or graduate school	1?If "Yes," explain on a separate sheet.			
Ethnic OriginAmerican Indian or AlaskAsian or Pacific Islander	an NativeHispanic Black (not of Hispanic ori	White (not of Hispanic origin)			
I certify that the information given by n denying admission.	ne on this application is complete and accurate and I	understand that any misrepresentation may be cause for			
Signature of Ap	plicant	Date			
High school students please return this 300 Summit Street, Hartford, CT 06106		ffice of Graduate Studies, Trinity Commons, Room 113,			

Current students please return this completed form <u>no later than December 1 of your junior year</u>, along with your written description of your proposed research, to the Office of Graduate Studies, Trinity Commons, Room 113, 300 Summit Street, Hartford, CT 06106-3100.

NOTICE: Trinity College does not discriminate on the basis of age, race, color, religion, sex, sexual orientation, handicap, or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other College-administered programs.