

Wellesley

Last

First

Birth Name

Name

City

State

Zip

Dates Attended

List the courses you intend to take (or are taking) during the spring semester or summer term of the year you are applying for admission. Please submit a final transcript when courses are complete.

Name of Course	Course No. in Catalog	Page No. in Catalog	Department	Credit Hours

Calendar of college you are presently attending

☐ Quarter System

☐ Semester System☐ Other System (explain)

☐ Trimester System

☐ 4-1-4 System

Institutions previously attended

Name

City

State

Zip

Dates Attended

Name

City

State

Zip

Dates Attended

Name

City

State

Zip

Dates Attended

Davis Degree Program

FORM FOR HIGH SCHOOL TRANSCRIPT



To: High School Registrar

The individual listed below is applying for admission to Wellesley College and will need a copy of her high school transcript sent to the College in order to complete her application. Please return this form with the official transcript.

Name _____
First Middle Last

She attended your school under the name of _____

Address _____
Street and Number City State Zip

Telephone _____ Date of Birth _____

Name of high school _____

Dates of years attended _____ Graduation Date _____

Student's signature _____ Date _____

Please return this form with the official transcript.

Send to: Wellesley College
Board of Admission
106 Central Street
Wellesley, MA 02481-8203

Davis Degree Program

FORM FOR COLLEGE TRANSCRIPT



To: Registrar

The individual listed below is applying for admission to Wellesley College. She would like to have credit earned at your institution transferred toward her baccalaureate degree. In order to apply for transfer credit and complete her application, she will need the following credentials from your institution:

1. An official transcript.
2. A course description of each course (by number and title) in the catalog from the time she was enrolled.
3. A statement of the degree requirements (number of academic units, credits, semester or quarter hours) for an A.A. or B.A. at your institution at the time she was enrolled.
4. A statement of the minimum letter grade required for credit if courses were taken on a pass/fail basis.

Please return this form with the official transcript.

Send credentials to: Wellesley College
Board of Admission
106 Central Street
Wellesley, MA 02481-8203

Name _____
First Middle Last

Address _____
Street and Number City State Zip

Telephone _____

She attended your school under the name of: _____

Name of institution and dates attended _____
Name Dates Attended

Student's signature _____ Date _____

Davis Degree Program

FORM FOR COLLEGE TRANSCRIPT



To: Registrar

The individual listed below is applying for admission to Wellesley College. She would like to have credit earned at your institution transferred toward her baccalaureate degree. In order to apply for transfer credit and complete her application, she will need the following credentials from your institution:

1. An official transcript.
2. A course description of each course (by number and title) in the catalog from the time she was enrolled.
3. A statement of the degree requirements (number of academic units, credits, semester or quarter hours) for an A.A. or B.A. at your institution at the time she was enrolled.
4. A statement of the minimum letter grade required for credit if courses were taken on a pass/fail basis.

Please return this form with the official transcript.

Send credentials to: Wellesley College
Board of Admission
106 Central Street
Wellesley, MA 02481-8203

Name _____
First Middle Last

Address _____
Street and Number City State Zip

Telephone _____

She attended your school under the name of: _____

Name of institution and dates attended _____
Name Dates Attended

Student's signature _____ Date _____

Wellesley

Last

First

Middle

Please check one: ☐ Truly exceptional ☐ Highly recommended ☐ Recommended ☐ Not recommended

If you taught the applicant in a course, was it an online course? ☐ Yes ☐ No

Title

Date _____

Address

Street and Number

City

State

Zip

Wellesley College
Board of Admission
106 Central Street
Wellesley, MA 02481-8203

fax: 781 283 3678

For admission purposes only. Not to be included in student's permanent record.

Wellesley

Middle

Zip

For admission purposes only. Not to be included in student's permanent record.

Davis Degree Program
LETTER OF RECOMMENDATION



Name of Applicant

Last

First

Middle

Please evaluate the applicant in terms of her intellectual capabilities. We are especially interested in hearing about the applicant's ability to think clearly and communicate effectively. Also, share with us your evaluation of her ability to pursue a demanding course of study, appraising such personal qualities as initiative, integrity, curiosity, originality, and emotional maturity. Please type your statement of recommendation; use the back of this page or separate paper if needed.

Please check one: ☐ Truly exceptional ☐ Highly recommended ☐ Recommended ☐ Not recommended

Please state how long you have known the applicant and in what capacity: _____

If you taught the applicant in a course, was it an online course? ☐ Yes ☐ No

Name (please print)

Title

Signature

Date

Name of institution/organization

Address

Street and Number

City

State

Zip

Please return this statement as soon as possible directly to:

Wellesley College
Board of Admission
106 Central Street
Wellesley, MA 02481-8203

fax: 781 283 3678

The application deadline is March 1 for fall semester entrance. The deadline for international student applicants is January 15.

For admission purposes only. Not to be included in student's permanent record.