

TO THE APPLICANT

After you have completed the Student Information section, give this page to your Guidance Counselor/College Advisor.

Last Name _____ First Name _____ Middle _____
Date of Birth _____ Graduation Year _____
Address _____ City/Town _____
State _____ Zip _____ Country _____
High School _____

TO THE COUNSELOR

Last Name _____ First Name _____
Signature _____ Date _____
Phone _____ E-mail _____
School _____

Optional Comments _____

Please submit this form along with your transcripts. Thank you.

Email: precollege@marist.edu

Fax: 845.575.3215

Mail: Marist College, Office of Undergraduate Admission, 3399 North Road, Poughkeepsie, NY 12601