



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 by email, fax, or mail.

Email: precollege@marist.edu

Fax: 845.575.3215

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