## **Brandeis University**

## Transfer Supplement to the Common Application

Office of Admission MS 003 415 South Street PO Box 549110 Waltham, MA 02454 Toll Free: 800-622-0622 Tel: 781-736-3500 Fax: 781-736-3536 apply.brandeis.edu

## Applicant Directions

Please fill out the required information below. Please mail the \$65 application fee or appropriate fee waiver to the Office of Admissions by the deadline indicated. Please make sure the applicant's name is on the check. You may also pay electronically through the Common Application Online

th	rough the Common Applicat	ion Online.				
Application Info	rmation					
☐ Transfer, Spring Ac	dmission (November 1)					
☐ Transfer, Fall Admi	ssion (April 1)					
If you have previously	applied to Brandeis, please	indicate the year:				
Personal Informa	ation					
Last Name		First Name		Middle Name	Middle Name Suffix	
				Sex:	☐ Male	☐ Female
Primary Phone Number			Date of Birth			
Permanent Street Address						
City		State	Postal Code		Country	
Email Address						
1		2	choice.	you most at this time		
Family Informati Please indicate if any  Name  Name		family are graduates of Branc	Relationship to you  Relationship to you  Relationship to you		Year	of Graduation of Graduation of Graduation
	r immediate family a full-time	e employee of Brandeis Univer				
Name			Relationship to you	Position		

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**Short Answer** 

Please include a short response explaining why you want to attend Brandeis. Please limit your response to 250 words or fewer.