

Other \_\_\_\_\_  
 SIC Alumni (Years of Attendance \_\_\_\_\_)  
 SIC Faculty  
 Admission Counselor  
 High School Guidance Counselor ( \_\_\_\_\_ )  
 School Name \_\_\_\_\_ City/State/Country \_\_\_\_\_  
 Role (check one):  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_

This invitation has been extended to you by:

SARAH • LAWRENCE • COLLEGE

*A Special*  
INVITATION  
*to Apply*

This certificate invites you to  
 submit an application  
 to Sarah Lawrence College  
 free of charge.

**Your information:**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State/Country

\_\_\_\_\_ E-mail Telephone

High School/College \_\_\_\_\_  
Name (do not abbreviate)

\_\_\_\_\_ City State/Country Graduation Year

I am applying as a:  First Year  Fall Transfer  Spring Transfer  Guest

I am applying for:  Early Decision 1  Early Decision 2  Regular Decision

**Please fax or mail this fee waiver to Sarah Lawrence College by the appropriate application deadline. (See [www.sl.c.edu/deadlines](http://www.sl.c.edu/deadlines))**