

EVERGREEN

The Evergreen State College
Office of Admissions

TO: Office of Admissions, Olympia Campus
Fax: 360/867-5114

FROM: Program Director & Faculty, The Reservation Based Community Determined Program

SUBJECT: IN-TAKE INTERVIEW

I had the opportunity to meet with the following student:

Name of Student	Social Security Number (optional)
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As a result of that discussion, we both agree that:

The Reservation Based Program appears to offer the academic work necessary to assist this applicant toward her/his BA degree.

The Reservation Based Program **does not** appear to offer the academic work necessary to assist this applicant toward her/his BA degree. Because this qualified student was not aware of the distinct nature of The Reservation Program, Evergreen will refund the \$50.00 application fee. If the applicant decides to apply to the Olympia Campus for a future quarter, she/he understands that she/he will be subject to all admission requirements and deadlines in effect for the quarter to which she/he applies.

Program Director or Faculty Name: _____

Program Director or Faculty Signature: _____

Date: _____