



# Shimer

The Great Books  
College of Chicago

Return by Fax: 888-808-3133  
Return by Mail: Shimer College Admission  
3424 S. State Street  
Chicago, IL 60616

## ALUMNI REFERRAL & APPLICATION FEE WAIVER FORM

*For the Referrer:*

M  F

Alumna/Alumnus Last Name First Name Prefer To Be Called

Street Address City State Zip

Phone Email Shimer Class Year

*For the Prospective Student:*

M  F

Student Last Name First Name Prefer To Be Called

Street Address City State Zip Email

Phone High School Name, City, and State Year of High School Graduation

Expected Date of College Entry  Fall  Spring 20 \_\_\_\_ Have you attended college before?  No  Yes: \_\_\_\_\_

**Thank you! Any referred student will not have to pay Shimer's Application Fee.**  
*Questions? Contact the Admission Office at 312-235-3506 or [admission@shimer.edu](mailto:admission@shimer.edu).*