

TO BE COMPLETED BY STUDENT

Student Full Name _____ Gender F M Other

Street Address _____

City _____ State _____ Zip _____

Student Email _____

Do you waive your right to review the college official's report? Yes, I waive my right to review. No.

TO BE COMPLETED BY DEAN OF STUDENTS

ACADEMIC RECORD

If you have access to the applicant's academic record **and** disciplinary record, please complete this form in its entirety. If you have access to the applicant's academic record only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions.

Official's Full Name _____

Title _____

Institution/CEEB _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Is this student in good academic standing? Yes No *If "No," please attach a separate piece of paper with details.*

DISCIPLINARY RECORD

If you are completing only the questions pertaining to the applicant's disciplinary record, please provide the following information.

Official's Full Name _____

Title _____

Email _____ Phone _____

Is this student eligible to return to your institution? Yes No *If "No," please attach a separate piece of paper with details.*

School Official's Signature _____ Date _____