



Evaluation Form for the Dean of Students

PLEASE RETURN TO: Director of Admission, University of Mount Union, 1972 Clark Avenue, Alliance, Ohio 44601

Name of student (please print) _____

Last

First

Middle

Permanent Address _____

Number and Street

City

State

Zip Code

Expected Date of Entrance _____

Previous Institutions — Dates Attended _____

To The Student:

This form **MUST** be completed by the appropriate Personnel Dean (Dean of Students) at the institution you last attended before your application for admission to the University of Mount Union as a transfer student will be considered. (If past or pending disciplinary issues are evident, we will also require a Dean of Students Form from every institution previously attended by you.) Your signature on the line below authorizes release of the information requested.

(Signature of Student)

To The Personnel Dean:

The above named student has applied for admission as a transfer student to the University of Mount Union. We would appreciate you completing the section below and returning this form to the University of Mount Union. You may use the back for additional comments.

Confidentiality

Materials submitted in support of an application for admission to the University of Mount Union are used only by those members of the Admissions Committee and college staff charged with the responsibility of admissions decisions. Each person given access to the materials is instructed to maintain strict confidentiality. Mount Union does not provide access to admissions records to applicants who are denied, or those students who decline an offer of admission. In accordance with the Family Education Rights and Privacy Act of 1974, however, matriculating students do have access to their permanent files which may include forms such as this one. Since we value your comments highly, we ask that you complete the form in the knowledge that it may be retained in the student's file, should the candidate matriculate at the University of Mount Union. Again, thank you for your cooperation.

1. Was this student subject to any disciplinary action during enrollment in your institution? Yes No

If yes, please describe the nature of the charge and the action taken: _____

2. Is the student eligible for immediate re-enrollment in your institution? Yes No

If no, please explain why not: _____

Signature

Print Name

Institution

Position

Email Address

Date