

Dean of Students Form

Institution address ___

Transfer Applicant: This form must be submitt	ted to Hamline University before the review of y	our application for admission.
☐ I have applied for admission to Hamline Un and authorize the release of the following in	iversity for the academic term beginning nformation.	
Student's first name	Student's last name	
Middle name	College ID	
Address	Apt.	
City, state, zip		
Please check all that apply: \(\square\) I am over the a If you have checked both boxes, you do not not	age of 25. It have not taken any college cour eed to complete the rest of the form.	ses in the last four years.
Send this form to your most recent Dean of St	tudents for completion.	
Dean of Students: The student above has ap will be considered for admission. Please com	plied for admission to Hamline University. This plete the following questions.	s form must be on file before the student
Student's date of attendance		
Is this applicant eligible to return to your institu	ution? 🗆 Yes 🗆 No	
Has the applicant been subject to disciplinary,	Title IX, or any other student conduct related b	ehavior on or off campus? ☐ Yes ☐ No
If yes, please describe		
Was this student ever on disciplinary/conduct	probation? ☐ Yes ☐ No	
If yes, please describe		
Do you know of other difficulties this student	may have of which Hamline University should	be aware when considering this student for
admission?		
Additional information you think may be helpfu	ul	
Signature of Dean	Date	
Printed Name	Daytime telephone number	
Name of institution	Email address	

Please return this form as soon as possible; an email to admission@hamline.edu is preferred.