## UNIVERSITY OF ST. THOMAS DEAN OF STUDENTS FORM



**TRANSFER or READMISSION APPLICANT:** After completing the top portion, submit this form to your most recent institution for final completion.

Student's Last Name - please print	First Name, Middle In	itial :	St. Thomas ID (optional)	
Street Address/P.O. Box	City, State, ZIP			
Phone Number	Student's Signature		Date	
Please check all that apply:	am over the age of 25.	☐ I have not taken any college courses in the last four years.		
If you have checked both boxes above,	you do not need to complete	the rest of this form.		
"I have applied for admission to the Uni	versity of St. Thomas for the aca	ademic term beginning	,and I authorize	
Name of College/University	_ to release the following info	rmation."Student Initials		
INSTITUTIONAL SECTION				
The student named above has applied student will be considered for admission			nis form must be on file before the	
Dates of attendance:				
• Is this applicant eligible to return to	your institution?		□Yes □No	
Has the applicant been subject to ei	ther disciplinary action or prob	pation while attending your instit	cution?	
• Do you know of any other behaviora at your institution?	al issues or concerns regarding	this student's attendance	□Yes □No	
Additional comments that may be h	elpful;			
Signature of Dean		Date		
Printed Name		Daytime Telephone Number	er	
Name of Institution		Institution Address		

Please return this form as soon as possible to:

University of St. Thomas
Office of Admissions
2115 Summit Ave., Mail 5017
St. Paul, MN 55105-1095
admissions@stthomas.edu
(651) 962-6150 or (800) 328-6819, Ext. 2-6150