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 Initial
St. Thomas ID (optional)
_______________________________________________________________________________________________________________________________________________
Street Address/P.O. Box
City, State, ZIP
_______________________________________________________________________________________________________________________________________________
Phone Number
Student’s Signature
Date
Please check all that apply: □ I 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 University of St. Thomas for the academic term beginning ___________, and I authorize _______________________________________ to release the following information.”

Name of College/University
Student Initials

INSTITUTIONAL SECTION

The student named above has applied for admission or readmission to the University of St. Thomas. This form must be on file before the student will be considered for admission or readmission. Please complete the following questions.

• Dates of attendance: ______________________________________________________

• Is this applicant eligible to return to your institution? □ Yes □ No

• Has the applicant been subject to either disciplinary action or probation while attending your institution? □ Yes □ No

• Do you know of any other behavioral issues or concerns regarding this student’s attendance at your institution? □ Yes □ No

• Additional comments that may be helpful:

Signature of Dean
Date
Printed Name
Daytime Telephone Number
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

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