

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 - <i>please print</i>	First Name, Middle Initial	St. Thomas ID (optional)
<hr/>		
Street Address/P.O. Box	City, State, ZIP	
<hr/>		
Phone Number	Student's Signature	Date
<hr/>		
Please check all that apply:	<input type="checkbox"/> I am over the age of 25.	<input type="checkbox"/> 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>"I have applied for admission to the University of St. Thomas for the academic term beginning _____, and I authorize</i>		
_____ <i>to release the following information."</i>		_____
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
<hr/>	
Printed Name	Daytime Telephone Number
<hr/>	
Name of Institution	Institution Address
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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
(651) 962-6150 or (800) 328-6819, Ext. 2-6150
Fax: (651) 962-6160