

Student Name: __

Office of Admissions

99 Main Street Franklin, MA 02038-1994 508-541-1508 phone 508-541-2538 fax

admissions@dean.edu www.dean.edu/transfer

Middle

TRANSFER STUDENT STATUS REPORT

PART I - To be completed by the applicant.

Last/Family

This form must be submitted in order for your application to be reviewed for Admission to Dean College. Please complete Part I and give this form to the Dean of Students at each college or university you have attended for Part II. Your signature below authorizes the release of any information regarding your disciplinary record.

First/Given

Student Signature:	Date:	
Birthdate: Former Colleg	ge/University Student ID Number:	:
Applying to Dean College for: \square Fall (September) \square Spri	ng (January) Year:	
PART II – Evaluation Information To be completed by an official at the college, universi	ty, or post-secondary school a	applicant attended.
The student whose name appears above is applying for to indicates that all the information provided is true and accura		
1. Is this student eligible to return to your institution in good standing?		☐ Yes ☐ No*
2. Is this student eligible for on-campus housing?		☐ Yes ☐ No* ☐N/A
* If you answered no to either or both questions, please	e attach a separate piece of paper	and provide details.
3. Has the applicant ever been placed on probation, suspended, removed, dismissed, or expelled from your institution?*		□ Yes* □ No
4. To your knowledge, has the applicant ever been convicted of any misdemeanor, felony, or other crime?*		□ Yes* □ No
* If you answered yes to either or both questions, pleas of each incident and explain the circumstances.	e attach a separate piece of pape	er and provide the date(s)
Print Name	Title/Position	
College/University	Telephone	
Official's Email Address:		