

SPRINGFIELD COLLEGE



DEAN'S REPORT FORM

The following person has applied for admission to Springfield College. Please complete this report as partial fulfillment of the admission requirements. Upon completion, please return to the Director of Admissions, Springfield College 263 Alden Street, Springfield, MA 01109.

Student Name.....
First Middle Last

Mailing Address.....
Street City State Zip

Home Address.....
Street City State Zip

Social Sec. # _____ - _____ - _____

Institution Now or Previously Attended.....
.....

ACADEMIC:

1. Is the above named student currently enrolled at your institution? Yes ___ No ___
 - a. If yes, is he/she in good academic standing? Yes ___ No ___
Has he/she ever been on academic probation? Yes ___ No ___
 - b. If no, what was the last date of his/her attendance at your institution? _____
Month/Year

CONDUCT REPORT:

2. Has the student been involved in a violation of policy? Yes ___ No ___
 - a. If yes, which policy?
 - b. Would you welcome this student back to your institution? Yes ___ No ___

Would it be helpful for a member of our staff to telephone you? Yes ___ No ___

Telephone # _____

EVALUATION BY:

Name.....
Title.....
Institution.....
Signature.....