

Transfer Applicant:

This form must be submitted to St. Olaf College before final action can be taken on your application for admission. Please sign the following release and give the form, along with a stamped addressed envelope, to your Dean of Students.

"I have applied for admission to St. Olaf College for the academic term beginning _____, and I
(date)

Student's Name (please print)

Student's Signature

Dean of Students:

The student named above has applied for admission to St. Olaf College. This form must be on file before a final admission decision can be made. Please complete this form as soon as possible and return it to us.

1. When was this student in attendance at your college/university?

2. Is this student eligible to re-enroll at your college/university? Yes No If under special conditions, please explain:

3. Is he/she on probation or subject to any form of disciplinary action? Yes No If yes, please explain:

4. Is he/she currently on leave (medical, psychological, academic)? Yes No If yes, please describe:

5. Do you recommend this student for transfer to St. Olaf College? Yes No Why or why not?

6. If you are aware of the reason(s) this student is transferring, please comment:

7. Is there any information you think we should know before we make an admission decision on this candidate?

Please call me about this student.

Name

Signature

College/University

Job Title

Address

(Area Code) Telephone

Please return to the St. Olaf College Admissions Office either by fax at (507) 786-3832 or by mail using the address above.

