

DEAN OF STUDENTS  
TRANSFER EVALUATION

**TO THE PERSON COMPLETING THIS FORM:**

If you are not the Dean of Students or do not have access to this information, please return this form to the student. We are trying to assess the student's suitability for Villanova by receiving information regarding his/her disciplinary history and standing at your institution. This is not an academic recommendation. If this is not submitted by the proper office, it can delay and admission decision. Thank you.

Office of University Admission  
Villanova University  
Villanova, PA 19085-1672

*Must be completed by Dean of Students only*

Name of Student \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature of Student to authorize release of information requested below.

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One of your students, named above, has applied for admission to Villanova University. In considering this application, we are concerned with personal as well as academic qualifications.

Please fill out the following to the best of your ability. Space is provided for comments which will be helpful to us in admission and in counseling. Please return the form to the Director of University Admission, Villanova University, Villanova, PA 19085-1672.

1. Have there been any questions concerning this student standard of behavior? \_\_\_\_ Yes \_\_\_\_ No

If so, explain:

2. Is this Student eligible to continue at your institution? \_\_\_\_ Yes \_\_\_\_ No

Comments:

3. Do you recommend this student for acceptance to Villanova University? \_\_\_\_ Yes \_\_\_\_ No

Comments:

4. Would you want us to call you concerning this student? \_\_\_\_ Yes \_\_\_\_ No

Comments:

General Comments:

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Date \_\_\_\_\_ Signed \_\_\_\_\_

Official Title \_\_\_\_\_

Institution \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_