

**To be completed by the APPLICANT:**

Name of Student: \_\_\_\_\_ Villanova Applicant #: \_\_\_\_\_  
First M. Last

Signature of student authorizing release of information \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

The portion below is to be complete by the **Dean of Students' Office**. Villanova University is seeking to assess a student's candidacy by evaluating their disciplinary history, as well as student standing at your institution. This is **NOT** an academic recommendation.

**To be completed by the DEAN OF STUDENTS:**

The student listed above has applied for transfer admission to Villanova University. In considering the applicant, we take into consideration personal as well as academic qualifications. Please use the space below to answer each question and feel free to provide additional comments (should they be warranted) regarding admission.

1) Has the student been placed on disciplinary probation, suspended or expelled as a result of their behavior?  Y  N

2) Is this student eligible to continue at your institution?  Y  N

3) Do you recommend this student for admission to Villanova University?  Y  N

4) Would you want us to call you concerning this student?  Y  N

5) Please provide dates of enrollment for this student: \_\_\_\_\_ to \_\_\_\_\_  
(month/year) (month/year)

6) Additional Comments:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean of Student Signature:** \_\_\_\_\_

Please return completed form via regular mail, email or fax as listed below. Any questions should be directed to 610-519-4008.

**MAIL:** Office of Undergraduate Admission - Transfer Coordinator **EMAIL:** transfertovu@villanova.edu  
 Villanova University  
 800 Lancaster Avenue **FAX:** 610-519-6450  
 Villanova, PA 19085