

Part II: Continued

Reason for transfer (if known):

Do you desire that an official of Hillsdale College contact you by phone for further discussion regarding this applicant? _____ Yes _____ No

Name _____

Title _____

Signature _____

College _____ Date _____

Additional comments (on personality, etc.):

All information will be considered confidential and will be treated accordingly. Please be candid.
Please return completed form to:

**Director of Admissions, Admissions Office
Hillsdale College, Hillsdale, MI 49242**