



HILLSDALE COLLEGE
PURSUING TRUTH · DEFENDING LIBERTY SINCE 1844

Dean of Students Transfer Form

PART I: TO BE COMPLETED BY THE APPLICANT

Full Student Legal Name (First, Middle, Last): _____

Mailing Address: _____

I hereby authorize the Dean of Students, or corresponding official, of:

(institution currently or most recently attended)

to furnish the information required in Part II (below) to the Admissions Office of Hillsdale College for use in conjunction with my application for admission. I understand that an official transcript of my academic record is to supplement my application. I am requesting this recommendation be held in confidence by officials at Hillsdale College and hereby waive any rights I may have to examine it.

Applicant Signature: _____ Date: _____

PART II: TO BE COMPLETED BY THE DEAN OF STUDENTS OR CORRESPONDING OFFICIAL OF THE INSTITUTION CURRENTLY OR MOST RECENTLY ATTENDED BY THE APPLICANT

Student attended this institution from: _____ to: _____
(month/year) *(month/year)*

Has the student received disciplinary action? yes no If yes, please explain below:

Is the student eligible to return to your institution? yes no If no, please explain below:

(continued)

Hillsdale College Dean of Students Transfer Form, Part II *Continued*

Reason for student transfer, if known:

Do you need a Hillsdale College official to contact you by phone to further discuss this applicant? yes no

If yes, please explain request: _____

FORM COMPLETED BY:

Name of Official: _____ Date: _____

Title: _____

Institution: _____

Mailing Address: _____

Telephone: _____ E-mail: _____

Additional comments, if necessary:

All information will be considered confidential and will be treated accordingly. Please be candid.

Completed forms may be submitted to:

Admissions Office
Hillsdale College
33 E. College St.
Hillsdale, MI 49242

Phone: (517) 607-2327 | Fax: (517) 607-2223 | E-mail: admissions@hillsdale.edu