

"I have applied for admission to the University of St. Thomas for the academic term beginning _____, and I authorize

_____ to release the following information." _____
 Name of College/University Student Initials

The student named above has applied for admission or readmission to the University of St. Thomas. This form must be on file before the student will be considered for admission or readmission. Please complete the following questions.

No

• Do you know of any other behavioral issues or concerns regarding this student's attendance at your institution?

Yes No

• Additional comments that may be helpful:

Signature of Dean

Date

Printed Name

Telephone Number

Name of Institution