

UNIVERSITY OF ST. THOMAS CODE OF CONDUCT FORM

TRANSFER or READMISSION APPLICANT: After completing the top portion, submit this form to your most recent institution for final completion.

Student's Last Name – please print

First Name, Middle Initial

St. Thomas ID (optional)

Street Address/P.O. Box

City, State, ZIP

Phone Number

Student's Signature

Date

Please check all that apply: I am over the age of 25. I have not taken any college courses in the last four years.

If you have checked both boxes above, you do not need to complete the rest of this form.

"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

INSTITUTIONAL SECTION

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:

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