SPRINGFIELD COLLEGE

DEAN'S REPORT FORM

OFFICE OF ADMISSION
263 ALDEN STREET
SPRINGFIELD COLLEGE
SPRINGFIELD, MA 01109

The following person has applied for admission to Springfield College. Please complete this report as partial fulfillment of the admission requirements. Upon completion, please return to Director of Admissions. Springfield College, Springfield, MA 01109.

Student Name…….

Mailing Address……
Street City State Zip

Home Address……
Street City State Zip

Social Sec. # | . . | . . | . . | . . | . . | . . | . . | . . | . . | . . | . . |

Institution Now or Previously Attended……
……...

ACADEMIC:

1. Is the above named student currently enrolled at your institution? YES____ NO____

   a. If yes, is he/she in good academic standing? YES____ NO____
   Has he/she ever been on academic probation? YES____ NO____

   b. If no, what was the last date of his/her attendance at your institution? _____
   Month/Year

   Why was the student's status terminated?

PERSONAL:

2. Any additional information you feel should be brought to the attention of the Springfield College Student Affairs Staff for the purpose of counseling or assisting the student in achieving a more positive and productive collegiate experience would be greatly appreciated.

Would it be helpful for a member of our staff to telephone you? YES____ NO____
Tel.#_____

EVALUATION BY:

Name……
Title……..
Institution…….
Signature……..