

### Section 1 (to be completed by applicant)

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Please complete the top portion of this form and sign, and give this form to the Dean of Students or Registrar from **each** institution you have attended. Please type or print. **This form must be completed by a dean or other college official who has access to your disciplinary record and to your academic record.**

Name of Applicant: \_\_\_\_\_  
Last First Middle

Former Name(s) if any: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mm/dd/yyyy

Address: \_\_\_\_\_  
Number and Street City State Zip

School: \_\_\_\_\_  
Official Name City State Zip

In accordance with the Federal Family Education Right and Privacy Act, matriculating students have access to their application files. The act further provides that you may waive your right to see your evaluation

**\* I understand that this evaluation will be used for admissions purposes only. Further, I understand the "Family Educational Rights and Privacy Act" of 1974, and in accordance with this law I hereby: (check one)**

- Waive my right to access this evaluation  
 Do not waive my right to access this evaluation

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section 2 (to be completed by Academic Dean, Dean of Students, or Registrar)

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The above named student has applied for admission to Lenoir-Rhyne University. We appreciate your willingness to assist Lenoir-Rhyne in assessing this student's qualifications for admission. Please complete this form as thoroughly as possible. Your prompt attention to this matter is greatly appreciated. You may either submit the completed form in a signed and sealed envelope to the applicant, or mail directly to:

Lenoir-Rhyne University  
Office of Enrollment Management  
PO Box 7227  
Hickory, NC 28603

1) Is the student currently in good academic standing? Yes \_\_\_ No \_\_\_  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Has the student been involved in any disciplinary action? Yes \_\_\_ No \_\_\_  
If yes, please explain the nature of the offense and action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Is the student eligible to return to your institution? Yes \_\_\_ No \_\_\_

4) The student is attending/has attended your institution from \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

