## **DEAN'S REFERENCE FORM**

## **SECTION 1 (TO BE COMPLETED BY APPLICANT)**

Please complete the top portion of this form, and give this form to the Dean of Students or Registrar from **each** institution you 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 your academic record.** 

Name of Applicant:						
	Last	First		Mic	ddle	
Former Name(s) if any:			Date of Birth:			
				mm/dd/yyyy		
Address:Number and	-1 Ott			Ot - 1 -	<b>7</b> : -	
		City	,	State	Zip	
School:Official N			-	Ot-1-	7:	
Official N	ame	City	1	State	Zip	
In accordance with the Federapplication files. The act furt	-		_		s to their	
_		l in accordance with valuation			"Family	
20 1104 114	,g to uccook					
Applicant Signature:			Da	ate:		
SECTION 2 (TO BE COM	IPLETED BY ACADE	MIC DEAN, DEAN O	F STUDENTS	, OR REGISTRAR	2)	
The above named student had Lenoir-Rhyne in assessing th Your prompt attention to this envelope to the student or m	is student's qualification matter is greatly appro	ons for admission. Plea	ase complete	this form as thorou	ghly as possible.	
		enoir-Rhyne Universi of Enrollment Manag PO Box 7227 Hickory, NC 28603	-			
Is the student currently in If no, please explain:	_	=				
2) Was the student involved If yes, please explain the nat						
3) Is the student eligible to re	eturn to your institution	? Yes No				
4) The student is attending/h	nas attended your insti	tution from		to		
,			ith/Year		h/Year	

## Please provide the following information:

Name of the College Official completing	this evaluation:				
Signature:			Date:		
			r	nm/dd/yyyy	
Position/ little:		School Name:			
Address:Street			Ctoto	7:0	
Email:	City		State	Zip	
Liliali.		Phone: Area Code			Extension
Additional comments regarding this app	olicant for transfer admis	sion:			