

## Office of Admission

5800 West Friendly Avenue • Greensboro, NC 27410 800-992-7759

guilford.edu

## **DEAN OF STUDENTS FORM**

	address, sign the release statement be application can be evaluated until th		
the last histitution you attended. The	o application can be evaluated antil the	is form is on the in the office o	/ /
Student's Last Name	First	Middle	Date of Birth
Home Street Address	City		State Zip
Please list the name of the last colle	ge/university attended and dates in w	rhich you attended (attach a sepo	arate sheet if necessary).
College/University	Dates of Attendance	2	
Please list the name of the last high	school attended and dates in which yo	ou attended (attach a separate sh	eet if necessary).
High School	Dates of Attendance	2	
	ford College and hereby request that y ssion at your earliest convenience. Tha		quested below and return it to
Student Signature	Date		
TO THE DEAN OF STUDENTS: Please review, sign and mail an office	cial copy of this form to the Office of A	dmission (we will not accept a	faxed or emailed copy).
Dates Student Attended Your Institution			
What disciplinary action, if any, has	been taken against the student while	enrolled in your institution?	
Explanation of Action with Dates			
Is student eligible to return to your If he/she is not eligible to return, ur	institution? □ Yes □ No der what conditions would you consid	ler his/her readmission?	
Please feel free to attach any furthe	er information or comments.		
Signature	Title	Inst	citution Date