

**THE COLLEGE OF WOOSTER**  
Wooster, Ohio 44691

**DEAN'S REFERENCE**

**PERSONAL RECORD OF STUDENT SEEKING READMISSION**

TO THE STUDENT: In order to consider your application for readmission to The College of Wooster as a full time student, the reverse side of this form must be completed by the appropriate Personnel Dean (Dean of Students, Dean of Men, Dean of Women) at the institution you have attended while you have been away from Wooster. If you have attended more than one college or university, obtain additional copies of this form from the Office of the Deans, The College of Wooster, Wooster, Ohio 44691.

---

<b>Full Legal Name</b>	Last	First	Middle/Maiden
------------------------	------	-------	---------------

---

<b>Permanent Address</b>	Number	Street	City	State	Zip Code
--------------------------	--------	--------	------	-------	----------

---

<b>Home Telephone</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
-----------------------	-------------------------------	----------------------

**Semester You Wish to Enter:**    \_\_\_\_\_ Summer    \_\_\_\_\_ Semester I    \_\_\_\_\_ Semester II    Academic Year \_\_\_\_\_

**Institution(s) Attended (since leaving Wooster):** \_\_\_\_\_ **Date(s) Attended:** \_\_\_\_\_

---

---

1. Your signature below authorizes the other institution to release the requested information.

---

Date	Student Signature
------	-------------------

2. You have the **option** of signing the waiver statement below:

"I hereby waive my right of access to this reference which is part of my application for readmission to The College of Wooster and which the College shall use solely for readmission purposes."

---

Date	Student Signature
------	-------------------

(See Reverse Side)

TO THE STUDENT PERSONNEL DEAN: The student named on the reverse side of this form is applying for readmission to The College of Wooster. **Please complete this form and return it to:** The Office of the Deans, THE COLLEGE OF WOOSTER, Wooster, Ohio 44691 by May 1 or August 1 if student is applying for Semester I; December 1 for Semester II.

1. Is this student currently enrolled at your institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the student eligible to return to your institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the student on academic probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the student been the recipient of disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____ _____ _____		
5. To your knowledge, has the student ever been convicted of a felony or misdemeanor while attending your institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____ _____ _____		
6. To your knowledge, did this student have any health, mental health, or personality problems while attending your institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____ _____ _____		
7. Do you have pertinent information about the applicant which you would prefer to discuss by telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list phone number: _____		
8. Comments or supplementary information which will be helpful in evaluating the applicant: _____ _____ _____ _____		

Information is based upon:

- |  |  |
|--|--|
| <input type="checkbox"/> Records and Reports   | <input type="checkbox"/> Casual contacts     |
| <input type="checkbox"/> Personal acquaintance | <input type="checkbox"/> Counseling contacts |

Date \_\_\_\_\_ Signed \_\_\_\_\_

College \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_