

Each transfer applicant for admission to Ripon College is required to have this form completed by the Dean of Students or Dean of Housing at the college or university which the applicant is now attending or last attended.

## APPLICANT

Please request that the completed form be mailed directly to the **Admission Office, Ripon College, 300 Seward St., P.O. Box 248, Ripon, WI 54971**. Your signature in the space provided will authorize the dean to release pertinent information, all of which will be treated as confidential. Your signature will also waive the right of inspection.

Applicant's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Date \_\_\_\_\_ Signature \_\_\_\_\_

## DEAN OF STUDENTS or DEAN-OF-HOUSING

Ripon College will appreciate your supplying the requested information, which will be treated as confidential.

*Thank you.*

1. During what period of time has applicant been enrolled at your school? \_\_\_\_\_  
\_\_\_\_\_
2. Has applicant observed college and residence hall regulations? \_\_\_\_\_  
\_\_\_\_\_
3. Would applicant be allowed to continue enrollment at your school? \_\_\_\_\_  
\_\_\_\_\_
4. Has applicant been involved in any difficulty with law enforcement agencies? \_\_\_\_\_  
\_\_\_\_\_
5. Does applicant have any health and/or emotional problems? \_\_\_\_\_  
\_\_\_\_\_
6. Is applicant married? \_\_\_\_\_
7. If you know, please explain why the applicant wishes to transfer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are there any unusual characteristics about the applicant, that were not covered in the above questions, which you feel we should know about? (Please use the back of this sheet or a separate sheet.)

Signature \_\_\_\_\_ Title \_\_\_\_\_

College/University \_\_\_\_\_ Date \_\_\_\_\_