



University of MOUNT OLIVE

Dean's Evaluation Form

Student Information

Name _____ SSN or Student Number _____

Institution Attended _____

*I hereby request that you complete this evaluation which is to be sent to the Admissions Office of the University of Mount Olive.
I authorize you to release the requested information concerning me to the University of Mount Olive.*

Signature of Applicant _____ Date _____

To the Dean/Registrar

The student listed above is applying for admission to the University of Mount Olive. The Admissions Staff would be grateful for any other information you may have which you feel would be helpful to us when the application is considered for admission. Please fax the completed form to (919) 658-9816 or mail to Office of Admissions, 634 Henderson Street, Mount Olive, NC 28365.

1. Has the student been disciplined, placed on probation, or suspended for:
(a) academic reasons _____ (b) conduct reasons _____ (c) other reasons _____

If your answer to a, b, or c is "yes", please attach explanation.

2. Would the student be permitted to re-enter your institution? Yes _____ No _____

If your answer is "no", please attach explanation.

3. Additional comments:

Name _____

Institution _____

Title/Position _____

Contact Phone Number _____ Email Address _____

Signature _____ Date _____

Your response to this inquiry was based on: *(check all that apply)*

_____ Records and reports

_____ Casual contacts and observation

_____ Intensive counseling

_____ Close personal acquaintance with the student