

DEAN'S REPORT

For transfer applicants only. Please give to the Dean of Students at your most recently attended institution and have it forwarded to the address below.

To be completed by applicant:

Applicant's Name: _____

Social Security Number: _____

Current or most recent college/university: _____

TRANSFERS ONLY

To be Completed by Dean of Students or Dean of Students' Representative:

Name (please print or type): _____ Position: _____

College/University: _____

School Address: _____

Phone: _____ Email: _____

To your knowledge, is this student in good academic standing? Yes No

To your knowledge, is this student in good social standing? Yes No

To your knowledge, is this student eligible to return to your institution? Yes No

If you answered no to any of the above, please explain. In addition, please feel free to share any comments you feel should accompany this student's file (attach additional sheets if necessary).

Signature: _____ Date: _____



ECKERD COLLEGE

OFFICE OF ADMISSION

4200 54th Avenue South
St. Petersburg, Florida 33711
800.456.9009 x8331 727.864.8331 727.866.2304 fax
admissions@eckerd.edu