



Ohio Dominican University

Transfer Student: Dean of Students Reference Form

Dear Transfer Student:

The completion of this form is necessary to complete your transfer application to Ohio Dominican University. Please fill in the following information and submit it to the Office of the Dean of Students at the college or university in which you were enrolled.

NAME: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

TEMPORARY ADDRESS: _____

DATES OF ATTENDANCE: _____

The Family Educational Rights and Privacy Act of 1974, as amended, guarantees confidentiality of the students' educational records. In an effort to expedite my transfer, I _____, authorize the Dean of Students to release all information as it pertains to my conduct and code of behavior.

Signature of Student

Date

TO THE DEAN OF STUDENTS

This student has applied for transfer to Ohio Dominican University. Will you or a member of your staff who has access to the student's records please complete this form and return it to the Office of Admission, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219. Your cooperation is appreciated.

1. Has this student been dismissed from your institution? Yes _____ No _____
2. Has this student been subject to a non-academic related disciplinary action? Yes _____ No _____
3. Has the student's behavior ever indicated a threat to self or to another? Yes _____ No _____
4. Is this student eligible to return to your institution? Yes _____ No _____

If the answer to 1, 2, or 3 is yes, or the answer to 4 is no, please explain on the reverse side of this form. Please detail the violation(s) or the behaviors of concern.

Signed _____ Name _____

Official Title _____

Institution _____ Phone #: _____

Date _____

Ohio Dominican University subscribes to a policy of equal opportunity and does not discriminate against any individual on the basis of race, color, sex, religion, ethnic origin or handicap in any of its program, activities or employment activities.

CONTACT

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