

To be completed by the applicant:

STUDENT NAME

last	first	middle		suffix
SOCIAL SECURITY NUMBER	-			
I HEREBY AUTHORIZE			_	
TO RELEASE THIS INFORMATION TO OF	Name of institution (college or univ HIO UNIVERSITY OFFICE OF UNDE	37	5.	
		1	1	
student signature		date		
To be completed by dean of stu	dents at the institution you	most recently attende	ed: (see address on reverse side	2)
This section is intended to serve as a disciplin or from which you have received the majority	ary review and should be completed by	the dean of students at the colle	lege or university you most recently	
TO: DEAN OF STUDENTS The student listed above is applying for admis Thank you in advance.	sion to Ohio University. We would appre	eciate your assistance in providir	ing the information requested below	Ι.

1. Indicate any special achievements, awards, honors or leadership positions in which this student has been involved.

2. Has this student been involved in any disciplinary action while attending your institution?	Yes	No	
lf so, please explain.			

3. Is or was this student in "good academic standing" while in attendance at your institution?				No
4. Is this student eligible to continue at your institution? Yes No				
5. Is there any other information you think we should know before we make an admission decision on this student's application?	Yes	No		

6. The information provided is based upon

information from the student's file **OR**

information from personal knowledge

7. Recommendation, choose one:	highly recommend	recommend	recommend with reservations	do not recommend
Comments:				

THIS FORM COMPLETED BY:

authorized signature

printed name

title

date

telephone number

Please mail, fax, or email this form to:

OFFICE OF THE DEAN OF STUDENTS

Ohio University One Park Place 345 Baker University Center Athens OH 45701

deanofstudents@ohio.edu 740-597-3301 Fax

If you have questions or comments, please contact the Office of the Dean of Students at 740-593-1800.



It is the policy of Ohio University that there shall be no discrimination against any individual in educational or employment opportunities because of race, religion, color, sex, sexual orientation, national origin, ancestry, age, gender identity or expression, mental or physical disability, or veteran status. Ohio University is an affirmative action institution. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Executive Assistant to the Executive Vice President and Provost, Office for Institutional Equity, Ohio University, Athens, Ohio 45701, Telephone: 740.593.2620. ©2024. UCM #5894.