

# MOUNT OLIVE COLLEGE

Transforming Education. Transform Your Life.

## *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 Mount Olive College. I authorize you to release the requested information you may have concerning me to Mount Olive College.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### To the Dean/Registrar

The student listed above is applying for admission to Mount Olive College. 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)*

- |   |   |
|---|---|
| <input type="checkbox"/> Records and reports  | <input type="checkbox"/> Casual contacts and observation              |
| <input type="checkbox"/> Intensive counseling | <input type="checkbox"/> Close personal acquaintance with the student |