

Request for Certification of Students Seeking Readmission to Dickinson College

This form should be given to a college official with access to the school's official records. This official need not know the individual personally. The individual requesting this document should complete the first two sections of the form.

10	The Applicant: Please fill out P	Part A of the form. A college official is resp	onsible for completing Part B.	
<u>Par</u>	rt A:			
First Name:		Last Name:		
Add	dress			
City/State/Zip		DOB:		
with wai	h a right to access this Certifica	n (The Family Educational Rights and ation and the information contained in ol or person can require me to waive	n it once completed which may be	t
	I hereby waive do not w	vaive		
Му	right of future access to this (Certification, including the informati	ion contained in it once complete	d
Signature:		Date:		
	t B: To the college official, it would of the privacy options above.	d be inappropriate for you to complete the	form before the applicant has chosen	
Stu	dent Name:			
•	Does the above named student have disciplinary charges now pending or that are expected to be brought against this student?		?	
•	Has the above named student ever for any reason been given an academic warning, been on academic probation, required to withdraw, suspended, or expelled?		an Y N	
lf th	ne answer to either of the abo	ove is "yes," please attach an exp	lanation.	
•	Is the above named student in good academic standing at your institution?		institution? Y N	
•	Is the above named student eligible to return to your institution?		?	
Add	ditional comments:			
Institution:		Phone:	Email:	
		Title:		
Signature:		Date:		

Please send completed forms to:

Dickinson College - Registrar's Office PO Box 1773 Carlisle, PA 17013

Fax: 717-245-1534 Email: reg@dickinson.edu