DEAN'S REPORT



CANDIDATE INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
HOME ADDRESS		
OFFICIAL NAME OF CURRENT COLLEGE	OR UNIVERSITY	
Waiver of Access		
, , ,		t or previous school(s) for use in the admissions process by port which shall hereafter be considered confidential.
Date	Student Signature	

TO THE CANDIDATE:

After you have completed your personal information and signed the waiver of access, give this form to the Chief Student Affairs officer or his/her designee. He/she will complete the form and seal in a confidential envelope.

TO THE DEAN:

This report should be completed by the Chief Student Affairs office of the College or his/her/designee. The information you supply is required for a review of this candidate's admission. This form will remain confidential. Please place this form in a confidential envelope and sign over the seal. You may return or mail to the address below.

Admissions Office Franklin University Switzerland Via Ponte Tresa 29 6924 Sorengo (Lugano) Switzerland Tel: (41-91) 986-3613

Tel: (41-91) 986-3613 Fax: (41-91) 993-3906 US Admissions Office Franklin University Switzerland The Graybar Building, Suite 2746 420 Lexington Avenue New York, NY 10170 Tel: (212) 922-9650

Fax: (212) 922-9870

DEAN'S REPORT The following information is based on: ☐ Records on file ☐ Casual contact and observation ☐ Direct Counseling by personnel or staff ☐ Close personal relationship with the student To your knowledge has this candidate: ☐ Been subject to disciplinary action? ☐ Been involved in acts of dishonesty? ☐ Been responsible for disorderly or disruptive behavior? ☐ Exhibited unsatisfactory adjustment to other students? ☐ Exhibited unsatisfactory adjustment to college life? Please explain if any of the above was marked: Is this candidate in good standing and eligible to return to your school? ☐ Yes □ No Please add any additional comments about the candidate to assist us in making a fair appraisal of the applicant. I recommend this candidate to Franklin University Switzerland: ☐ With enthusiasm □ Fairly strongly ☐ With reservation □ Not recommended **DEAN'S CERTIFICATION** PLEASE PRINT NAME TITLE DATE SIGNATURE **COLLEGE ADDRESS**

Please place in a confidential envelope and sign over the seal. Thank you for your assistance.

COLLEGE TELELPHONE