HIGH POINT UNIVERSITY
Office of Undergraduate Admissions
One University Parkway • High Point, NC 27268
Phone: 336-841-9216
highpoint.edu

DEAN'S RELEASE FORM FOR TRANSFER STUDENTS

Section I (This section is to be completed by the applicant. After you have filled out Section I and signed the statement below, give this form to the Dean of Students or another appropriate official of the institution.)

Legal Name _____ Email _____
First Middle Last

Permanent Home Address _____
Street

_____ (_____)_____
City State Zip Telephone

Name of College or University _____

Term you plan to enroll at HPU (circle one): Fall 20__ Spring 20__

I hereby agree that information concerning my academic and non-academic record may be released to High Point University.

Applicant's signature_____

I waive my right to examine this document. _____

I do not waive my right to examine this document. _____

Section II (To be completed by the Dean at your current school)

Has the applicant been disciplined by your institution for academic or social reasons? _____
If so, please explain on a separate sheet of paper.

You are invited to offer your comments and recommendation regarding the applicant's ability to meet the academic requirements and contribute positively to student life at High Point University.

Name of official _____

Title _____

Campus telephone (_____)_____

Institution _____

Institution address _____
Street

_____
City State Zip

Signature _____ Date _____

Please mail this form to:

High Point University
Office of Undergraduate Admissions
One University Parkway, High Point, NC 27268

or email to:

admiss@highpoint.edu