

Dean of Students Report Form for Visiting Student Applicants

Part 1: To be completed by the student prior to submitting to the Dean of Students at their home/prior institution.

Name of student (first, middle, last name): _____

Name of college/university attended and dates of attendance: _____

Anticipated/actual year of graduation: _____

Seeking enrollment for the _____ semester, 20____

Part 2: To be completed by the Dean of Students at the student's home/prior institution.

The student above is seeking to attend Trinity College as a Visiting Student (non-matriculated) this semester. Your answers to the questions below would be most valuable to us in evaluating their application. Thank you for your help.

(1) Is this student in good standing? If not, please explain.

(2) Has there been any disciplinary action taken against this student while in attendance at your institution?

(3) What other information can you provide that may be pertinent to our evaluation of this student?

Signature _____ Institution _____

Name _____ Title _____

Phone _____ Date _____

**Please return this form to the Admissions Office, Trinity College, 300 Summit Street, Hartford, CT 06106
(Phone: 860-297-2180; Fax: 860-297-2287)**