

Admissions Office, 815 West Market Street, Greensboro, NC 27401 336-217-7211, FAX 336-378-0154, <u>www.greensboro.edu</u>

Dean of Students Referral Form

Please type or print your name and address, sign the release statement below and forward this form to the Office of Student Development at the last institution you attended. Your application cannot be evaluated until this form is on file in the Admissions Office.

Student's Last Name	First	Middle	Date of Birth
Home Street Address	City	State	Zip
Please list the names of all college	es attended, beginning wit	h the most recent (attach a	a sheet if necessary).
College	Dates of Attendance		
College	Dates of Attendance		
I have applied for admission to requested below and return it to I waive my right to review	the Greensboro Coll <u>ege</u>	Admissions Office at you	
Student Signature		Date	
To the Dean of Students Date Student Attended Your Instit	ution		
Has this student been found in Yes No If yes, has the student satisfactor <i>completion Dates</i>)			
Is student eligible to return to y conditions would you consider		No If he/she is not eli	gible to return, under what

Please feel free to attach any further information or comments.