



Please email form to
Elizabeth.Ballance@greensboro.edu

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
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Home Street Address	City	State	Zip
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Please list the names of all *colleges* attended, beginning with the most recent (attach a sheet if necessary).

College	Dates of Attendance
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I have applied for admission to Greensboro College and hereby request that you release the information requested below and return it to the Greensboro College Admissions Office at your earliest convenience.

☐ I waive my right to review this document ☐ I do not waive my right to review this document

Student Signature	Date
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To the Dean of Students

Date Student Attended Your Institution

Has this student been found in violation of the student code of conduct while enrolled at your institution?

☐ Yes ☐ No

If yes, has the student satisfactorily completed any and all assigned sanctions?? (*Explanation of Sanctions with completion Dates*)

Is student eligible to return to your institution? Yes No If he/she is not eligible to return, under what conditions would you consider his/her readmission?

Please feel free to attach any further information or comments.

Signature	Title	Institution	Date
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