



KALAMAZOO COLLEGE

Office of Admission · 1200 Academy Street · Kalamazoo, Michigan 49006-3295 · USA
TOLL FREE (800) 253-3602 · LOCALLY (269) 337-7166 · FAX (269) 337-7390 · admission@kzoo.edu · http://www.kzoo.edu

Dean's Reference

Transfer Applicants Only

APPLICANT Please complete the first page of this form, then give it to the Dean of Students at the institution where you are currently enrolled or last attended to complete page 2. Your application cannot be processed until this information has been received at Kalamazoo College.

Student Name: Last First Middle Jr., etc.

Mailing Address

City State ZIP

Area Code/Phone Number

Permanent Address

City State ZIP

Area Code/Phone Number

Date of Birth / /

Present Institution Attended Dates of Enrollment

Other Institutions Attended Dates of Enrollment

This form must be submitted to the Office of Admission by February 15, 2003.

I hereby give permission for the release of my transcript and the other information requested in this form.

Signature of Applicant Date

Please see reverse side.

