

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

Student Name: Last First Mailing Address City State	Middle	Jr., etc.			
	710				
City State	710				
	ZIP				
Area Code/Phone Number					
Permanent Address					
City State	ZIP				
Area Code/Phone Number	\/				
Date of Birth / /	V				
Present Institution Attended	Dates of Enrollment				
Other Institutions Attended	Dates of Enrollment				
This form must be submitted to the Office of Admission by Feb.	ruary 15, 2003.				

Please see reverse side.

Date

Signature of Applicant

Dean of S	students
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The student named on the reverse side of this form has applied for admission as a transfer student to Kalamazoo College. Please complete
this form and return it to: Office of Admission, Kalamazoo College, 1200 Academy Street, Kalamazoo, MI 49006. We appreciate a prompt
reply. Thank you.

Dates of attendance at your institution From	То		
Is this student currently enrolled at your institution?	○ Yes	○No	
Is this student eligible to return to your institution?	○ Yes	○No	
Are you aware of the reason this student wishes to transfer?	○ Yes	○No	
If yes, please state reason			
Is he/she on probation of any kind?	○ Yes	○No	
If yes, please indicate the nature of probation			
Has the student been involved in any disciplinary action while attending your college?	○ Yes	○No	
If yes, please explain nature of the offense and the/any action taken			
To your knowledge, has the student ever been convicted of a felony or misdemeanor?	○ Yes	○No	
If yes, please explain			
To your knowledge, does this student have any physical or mental health problems?	○ Yes	○No	
We will request additional information from the student and his or her chosen health professionals.			
Is there any other information which would be helpful in our evaluation of this student?			
Signature			
Title	Date		