

# HOLLINS UNIVERSITY

## College Official's Report 2017-2018

### APPLICANTS

Please complete this form and send all relevant materials to **Hollins University, Box 9707, Roanoke, VA 24020**. After we have received all required materials, your application will be reviewed. If you have any questions, please contact the Office of Admission at (800) 456-9595 or [transfer@hollins.edu](mailto:transfer@hollins.edu). **Before we can review this form, both sides must be complete.**

Name \_\_\_\_\_  
*First Middle Last*

Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
*Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code*

College/university you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_


Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

First Semester/Quarter	Grade	Second Semester/Quarter	Grade	Third Quarter	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many college credits have you earned prior to this academic year? \_\_\_\_\_ How many college credits will you earn this academic year? \_\_\_\_\_

**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by Hollins University. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf. I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. I waive my right to access below, regardless of the institution to which it is sent:  
 Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.  
 No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature  \_\_\_\_\_ Date \_\_\_\_\_

### TO THE COLLEGE OFFICIAL

If you have access to the applicant's academic record and disciplinary record, please complete this form in its entirety. Use both pages to complete your evaluation for this student, and be sure to sign below. If you have access to the applicant's academic record only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions, asking that official to mail the form to Hollins University after doing so. **Please note that every section of the reverse side must be completed before review.**

College Official's Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_  
*Please print or type*

Signature  \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ College or University \_\_\_\_\_

College or University Address \_\_\_\_\_  
*City/Town State/Province Country ZIP/Postal Code*

College Official's Telephone (\_\_\_\_\_) \_\_\_\_\_ College Official's Fax (\_\_\_\_\_) \_\_\_\_\_  
*Area/Country/City Code Number Ext. Area/Country/City Code Number Ext.*

College or University CEEB/ACT Code \_\_\_\_\_ College \_\_\_\_\_ Official's Email \_\_\_\_\_

Please complete reverse side →

**Background Information**

Cumulative GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale, covering a period from \_\_\_\_\_ to \_\_\_\_\_

If you know this student, please indicate for how long and in what context. \_\_\_\_\_

If you know this student, what are the first words that come to your mind to describe this student? \_\_\_\_\_

**Ratings** Compared to other students in his or her class year, how do you rate this student in terms of:

Prefer not to recommend Enthusiastically Strongly Fairly Strongly With Reservations

	Academic Achievement				
	Extracurricular				
	Personal qualities and character				
	OVERALL				

If you are completing only the questions pertaining to the applicant's disciplinary record, please provide the following information:

College Official's Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_  
*Please print or type*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ College Official's Email \_\_\_\_\_

College Official's Telephone (\_\_\_\_\_) \_\_\_\_\_ College Official's Fax (\_\_\_\_\_) \_\_\_\_\_  
*Area/Country/City Code Number Ext. Area/Country/City Code Number Ext.*

Is this applicant in good academic standing? \_\_\_ Yes \_\_\_ No

Is this applicant eligible to return to your school? \_\_\_ Yes \_\_\_ No

If you answered no to either or both questions, please attach a separate sheet of paper or use your written recommendation to provide details.

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? \_\_\_ Yes \_\_\_ No

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? \_\_\_ Yes \_\_\_ No

If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

**\_\_\_ Check here if you would prefer to discuss this applicant over the phone with the Office of Admission.**

**I recommend this student:** \_\_\_ No basis \_\_\_ With reservation \_\_\_ Fairly strongly \_\_\_ Strongly \_\_\_ Enthusiastically