HOLLINS UNIVERSITY COLLEGE OFFICIAL'S REPORT

Please complete this form and send all relevant materials to Hollins University, Box 9707, Roanoke, VA 24020, or email to transfer@hollins.edu. If you have any questions, please contact the Office of Admission at (800) 456-9595 or transfer@hollins.edu. Before we can review this form, both sides must be complete.

| Name | 110 00 100 | | | | | | |
|------------|-----------------|-------------------|--|----------------|---------|-----|--|
| | First | | Middle | Last | | | |
| Birth Date | | College/Universit | College/University you most recently attended: | | | | |
| Address | | | | | | | |
| | Number & Street | Apartment # | Cit y/ Town | State/Province | Country | Zip | |
| | | | | | | | |

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. If you have access to the applicant's academic record only, please complete the relevant portion, then forward to the appropriate official for completion of the disciplinary questions, asking that official to return the form to Hollins University after doing so. Please note that every section of the form must be completed before review.

| | College Otticial's Email | | |
|---|--------------------------|--|---|
| | College Official's Email | | |
| | | Number | Ext. |
| | College Official's Fax (| | |
| C | ollege/University | | 1 |
| | se print or type | | |
| | C | Please print or type College/University College Official's Fax () College Official's Fax () Number Ext. | Please print or type College/University |

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| ACADEMIC RECORD: | | | | | | |
|---|--|--|--|--|--|--|
| Cumulative GPA: on a scale, covering a period from toto | | | | | | |
| 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 to provide details. | | | | | | |
| Check here if you would prefer to discuss this applicant over the phone with the Office of Admission. | | | | | | |
| I recommend this student: No BasisWith ReservationFairly Strongly StronglyEnthusiastically | | | | | | |
| Signature Date: | | | | | | |
| | | | | | | |
| COLLEGE OFFICIAL #2: If you are completing only the questions pertaining to the applicant's disciplinary record, please provide the following infor- mation: | | | | | | |

| College Official's Name | | | | | | | |
|---|------------------------------------|--|--|--|--|--|--|
| Pleas | e print or type | | | | | | |
| Title Co | College/University | | | | | | |
| College Official's Telephone () | College Official's <u>Fax (</u>) | | | | | | |
| Area/Country/City Code Number Ext. | Area/Country/City Code Number Ext. | | | | | | |
| College or University CEEB/ACT Code | College Official's Email | | | | | | |
| Signature Date: | | | | | | | |
| - | | | | | | | |
| DISCIPLINARY RECORD: | | | | | | | |
| Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral mis- conduct, 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 to give the approximate date of each inci- dent 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 BasisWith ReservationFairly Strongly StronglyEnthusiastically | | | | | | | |
| Signature | Date: | | | | | | |