

DEAN'S REPORT

(Required of all transfer applicants)

Fill out Section 1 below, then give this sheet to the Dean of Students or Vice President of Student Affairs at your current institution.

Section 1 (To be completed by student)

I hereby authorize appropriate officials to release Albertson College of Idaho the information requested in section two of this form.

Name_____ Permanent home phone_____

Permanent home address_____

City_____ State_____ Zip_____

Signature_____

Section 2 (To be completed by Dean/Vice President of Student Affairs)

Albertson College of Idaho is a small, liberal arts college with a tradition of helping students identify and develop their full potential. Our small classes and committed faculty ensure that each and every Albertson student is valued, challenged and nurtured. We would like a candid evaluation of this student's ability and potential. This information will be used in the admission process. **Please send this page along with your comments to the Albertson College Admission Office as soon as possible.**

**Albertson College
Admission Office
2112 Cleveland Blvd.
Caldwell, ID 83605**

- 1. Please offer any insight you may have as to why this student is considering transferring.

- 2. May the student continue in good standing at your institution? ____ Yes ____ No
If no, please comment.

- 3. Report based on: ____ Records only ____ Casual contacts/observations
____ Close personal contact ____ Intensive counseling sessions

- 4. The Admission Committee would welcome any additional comments you think would be helpful to us.

- 5. If there is any reason you would like to discuss the student's application to Albertson College of Idaho, please check here _____. A member of our admission staff will contact you.

Name (please print)_____

Title_____ College/University_____

Office Telephone () _____ E-mail:_____

Signature _____ Date_____

