

## To the Student:

Please fill in your name and address below and then give this form to the Dean of Students or another appropriate official of the institution(s) in which you are currently enrolled or most recently attended, whether or not you earned credit. A Dean's Statement from previously enrolled institutions may be required upon request.

## To the Dean of Students:

The student named below, who has attended your college, has applied for admission to Furman University. In order for our Admissions Committee to make an informed review of the applicant's record, we ask that you answer frankly and confidentially the questions below. Forward the form to the address below. If you have any questions, feel free to call our office at 864-294-2034.

To be completed b	y the Student			
Applicant's name				
	Last	First	Middle	
Address		Number and Street		
City		State	2	ZIP
Name of college				
	•	robation by your institution or el	sewhere for academic reasons?	
·	plined for conduct or other no		□ No	
Is this student eligible to re	eturn as a student to your institu	ution?		
Please offer your comment to campus life at Furman.	ts and recommendations regard	ing this student's ability to compl	ete the academic requirements and t	o contribute
Name of official			_ Title	
Institution			Office phone ( )	
Institution address		Number and Street		
		number and Street		
City		State		ZIP

Date \_\_\_\_