

**ST. ANDREWS UNIVERSITY  
DEAN'S QUESTIONNAIRE FOR TRANSFER STUDENT APPLICANTS**

This questionnaire is to be completed by the last institution you attended. Complete the top section. Then take to the Dean of Students of that institution along with a stamped and addressed envelope. The Dean will complete the remainder and mail to Admissions.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College Attended: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

To the Dean of Students: Please provide the following information and mail this form to St. Andrews University in the stamped and addressed envelope that I have provided. I give my permission for you to release any other information that is relevant to my application for admission to St. Andrews.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

1. Has the student been disciplined, placed on probation or suspended for  
(a) academic reasons \_\_\_\_\_ (b) conduct reasons \_\_\_\_\_ (c) or other reasons \_\_\_\_\_

If your answer to a, b, or c is yes, please explain below.

\_\_\_\_\_

2. Would the student be permitted to re-enter your institution next semester/quarter?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please specify the reasons below.

\_\_\_\_\_

3. Other comments:

\_\_\_\_\_

\_\_\_\_\_

Please note information provided by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Return this report to:

St. Andrews University  
Office of Admissions  
1700 Dogwood Mile  
Laurinburg, NC 28352