Antioch College
Office of Admissions and Financial Aid
795 Livermore Street
Yellow Springs, Ohio 45387

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(937) 769-1100
Fax: (937) 769-1111
e-mail: admissions@antioch-college.edu
Home page: www.antioch-college.edu

# Dean's Reference

**Supplementary Information for Transfer Applicants Only**

## TO THE STUDENT

Please complete the section below and then have the Dean of Students at your most recent college or university complete and return this form. Your application for admissions will not be reviewed without this supplementary information.

Name _____
last first middle

Mailing Address _____
number and street apartment

_____
city state zip code

Home Telephone _____ Date of Birth _____ / _____ / _____
area code/phone number month day year

Present or Most Recent Institution Attended _____

Dates Attended From _____ To _____ Degree Candidate? ❑yes ❑no

Other College or Universities Attended _____

_____

I hereby give my permision for the release of my transcript and the other information requested on this form.

Signature of Applicant _____ Date _____

## TO THE DEAN OF STUDENTS

The above student has applied for admission as a transfer student to Antioch College. Pleae complete this form and return it to: Office of Admissions, Antioch College, 795 Livermore Street, Yellow Springs, OH 45387. This information is not considered part of the student's educational record and will be destroyed after the admission evaluation process.

Is this student currently enrolled at your institution? ❑yes ❑no Is the candidate in good academic standing? ❑yes ❑no

If not, please explain _____

_____

Please use this space for any additional comments about this student:

_____

_____

_____

_____

Please print your name_____

Title_____ Telephone Number _____

Signature _____ Date_____