



Office of Continuing Education

Drew University
36 Madison Avenue
Madison, New Jersey 07940
(Phone) 973-408-3400 (Fax) 973-408-3004
Owl@drew.edu

DEAN OF STUDENTS CERTIFICATION AND RECOMMENDATION FORM

TO THE SPECIAL AND VISITING STUDENT PROGRAM APPLICANT:

Please complete Section I of this form and submit to the university official who has access to both your academic and disciplinary records at each post-secondary institution you have attended as a student regardless of length of time that has passed since you were enrolled. Your signature authorizes the release of information regarding your disciplinary and academic records. Failure to submit this form will prohibit review of your application. The completed form must be sent directly to the university address listed by the university official.

SECTION I: TO BE COMPLETED BY THE STUDENT

Legal Name _____
(As it appears on legal documents) *Last* *First* *Full Middle*

Home Address _____
Number and Street *City* *State* *Zip Code*

Telephone _____

Email Address _____

Waiver of Access

I have requested that this report be filed by school officials for use in the admissions process and in counseling by officials of Drew University. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to this report by checking one of the following options:

- I waive access to this report, which shall therefore be considered confidential.**
- I do not waive access to this report.**

Student's Signature _____ **Date** _____

Note: *If the student has agreed to the waiver printed above, we will preserve strict confidentiality of this document, and it will be made available only to University officials. If the student has not agreed, this report will be made available to the student upon request, if the student matriculates at Drew University.*



**SECTION II: TO BE COMPLETED BY THE UNIVERSITY OFFICIAL
TO THE EVALUATOR:**

This form is to be completed only by the university official who has access to and is authorized to release information pertaining to disciplinary and academic records. Please complete the information for a non-matriculated student applying for admission through Drew University's Special and Visiting student program. You may use a separate sheet of paper or the reverse side of this form for additional comments.

Has the student been the subject of any disciplinary action for conduct at your institution either on campus or off campus? Yes No
(If "Yes," please explain briefly on the reverse side or a separate sheet of paper.)

Has the student been suspended, dismissed, expelled or forced to withdraw from your institution for disciplinary reasons? Yes No
(If "Yes," please explain briefly on the reverse side or a separate sheet of paper.)

To your knowledge, has the student ever been convicted of a misdemeanor, felony, or other crime? Yes No
(If "Yes," please explain briefly on the reverse side or a separate sheet of paper.)

Is the student eligible to return to your institution? Yes No
(If "No," please explain briefly on the reverse side or a separate sheet of paper.)

Is the student in good academic standing? Yes No
(If "No," please explain briefly on the reverse side or a separate sheet of paper.)

To the best of your knowledge, are there any factors that would interfere with this student's ability to make typical progress toward his/her degree? Yes No
(If "Yes," please explain briefly on the reverse side or a separate sheet of paper.)

Signature

Date

Name (Please print)

Title/Position

School/University

Telephone

Email Address

Please return completed form to:

Office of Continuing Education

Drew University

36 Madison Avenue

Madison, NJ 07940

Telephone: 973-408-3400

Fax: 973-408-3004

owl@drew.edu