



## Dean of Students Report Form for Transfer Back to Trinity College

### Part I: To be completed by the student

Name of student (first, middle, last names): \_\_\_\_\_

Name of college/university attended (with dates of attendance) after leaving Trinity:  
\_\_\_\_\_

Date form submitted to Dean: \_\_\_\_\_

### Part II: To be completed by the Dean

The student above has asked to return to Trinity College. Your answers to the questions would be most valuable to us. Thank you for your help.

(1) Is this student in good standing? If not, please explain.

(2) Has there been any disciplinary action taken against this student while in attendance at your institution?

(3) What, if you know, are this student's reasons for wishing to return to Trinity?

(4) What other information can you provide which you believe may be pertinent to our evaluation of this student?

Signature \_\_\_\_\_ Institution \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**Kindly return this form to the Dean of Students Office, Hamlin Hall, Trinity College, 300 Summit Street, Hartford, CT 06106 [Phone: 860-297-2156; Fax: 860-297-5130]**