



Student Standing Evaluation Form

PLEASE RETURN TO: Office of Admission, University of Mount Union, 1972 Clark Ave., Alliance, OH 44601

Name of Student (Please print) _____
Last First Middle

Permanent Address _____
Number & Street City State Zip Code

Expected Entrance Date (Fall/Spring and Year) _____

Most Recent Institution & Dates Attended _____

To the Student:

This form **MUST** be completed by a staff or faculty member with appropriate access to pertaining student records at the institution you most recently attended. If past or pending disciplinary issues are evident, the University of Mount Union's Office of Admission may also require a Student Standing Evaluation Form from every institution previously attended and reserves the right to rescind your offer of admission. Our policy requires that this form be signed and received prior to the first day of the term in which you matriculate. Your signature on the line below authorizes release of the information requested.

Signature of Student

To the Staff Member:

The student named above has applied for admission as a transfer student to the University of Mount Union. Please complete the section below and return this form to "Office of Admission, University of Mount Union, 1972 Clark Ave., Alliance, OH 44601". You may use the back for additional comments if needed. **If you are not a university employee who has official access to student conduct and enrollment records, please contact Mount Union's Office of Admission at 330-823-2590 or admission@mountunion.edu.**

Confidentiality

Materials submitted in support of an application for admission to the University of Mount Union are used only by those members of the Admission Committee and University staff charged with responsibility of admission decisions. Each person given access to the materials is instructed to maintain strict confidentiality. Mount Union does not provide access to admission records to applicants who are denied, or those students who decline an offer of admission. In accordance with the Family Education Rights and Privacy Act of 1974, however, matriculating students do have access to their permanent files which may include forms such as this one. Since we value your comments highly, we ask that you complete the form in the knowledge that it may be retained in the student's file, should the candidate matriculate at the University of Mount Union. Again, thank you for your cooperation.

1. Was this student subject to any disciplinary action during enrollment in your institution? ☐ Yes ☐ No

If yes, please describe the nature of the charge and the action taken: _____

2. Is this student eligible for immediate re-enrollment in your institution? ☐ Yes ☐ No

If no, please explain why not: _____

3. Do you have access to both the **academic** and **conduct** records for this student? ☐ Yes ☐ No

Name (Please print) _____ Signature _____

Institution _____ Title _____ Date _____

Phone Number _____ E-mail Address _____