

VERIFICATION OF GOOD STANDING

TO THE STUDENT: Please complete and sign this section, then give this form to your Dean of Students.

I, _____ (print your name) grant permission for _____
College/University to release the following information to the Admissions Office of Wabash College. I
understand that this information will be held in confidence.

Check one: Yes, I hereby waive my rights to read or access the information contained on this form.
No, I do not waive my rights.

Are you currently playing intercollegiate athletics? Yes No

Do you intend to play intercollegiate athletics at Wabash College? Yes No

If yes, what sport(s)? _____

TO THE DEAN OF STUDENTS:

This student is applying for admission as a transfer student to Wabash College. Information contained on this form will be used solely for the purpose of determining his qualification for admission. This form will be destroyed prior to the

1. Has this student been involved in any disciplinary matters Yes No? If yes, please describe the nature of this matter:

2. Is this student eligible to return to your institution? Yes No? If no, why not?

Name (please print): _____ Date: _____

Signature: _____ Title: _____

College/University: _____ Phone: () _____

Please return this form to the address given below:

Wabash.

ADMISSIONS OFFICE

P.O. BOX 352 • CRAWFORDSVILLE IN 47933 • 765.361.6100 • 800.345.5385 •

wabash.edu

05/18