

HOLLINS UNIVERSITY

College Official's Report

APPLICANTS

Please complete this form and send all relevant materials to **Hollins University, Box 9707, Roanoke, VA 24020**. After we have received all required materials, your application will be reviewed. If you have any questions, please contact the Office of Admission at (800) 456-9595 or transfer@hollins.edu. **Before we can review this form, both sides must be complete.**

Name _____
First Middle Last

Birth Date _____

Address _____
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

College/university you now attend _____ CEEB/ACT Code _____

Current year courses—please indicate title, level, and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.

| First Semester/Quarter | Grade | Second Semester/Quarter | Grade | Third Quarter | Grade |
|------------------------|-------|-------------------------|-------|---------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

How many college credits have you earned prior to this academic year? _____ How many college credits will you earn this academic year? _____

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by Hollins University. I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

- The institution does not save recommendations post-matriculation.
- I waive my right to access below, regardless of the institution to which it is sent:
 - Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
 - No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature _____ Date _____

TO THE COLLEGE OFFICIAL

If you have access to the applicant's academic record and disciplinary record, please complete this form in its entirety. Use both pages to complete your evaluation for this student, and be sure to sign below. If you have access to the applicant's academic record only, please complete the relevant portion of this form, then forward to the appropriate official for completion of the disciplinary questions, asking that official to mail the form to Hollins University after doing so. **Please note that every section of the reverse side must be completed before review.**

College Official's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature _____ Date _____

Title _____ College or University _____

College or University Address _____
City/Town State/Province Country ZIP/Postal Code

College Official's Telephone (_____) _____ College Official's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number Ext.

College or University CEEB/ACT Code _____ College _____ Official's Email _____

Background Information

Cumulative GPA: _____ on a _____ scale, covering a period from _____ to _____

If you know this student, please indicate for how long and in what context. _____

If you know this student, what are the first words that come to your mind to describe this student? _____


Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

Prefer not to recommend _____ Enthusiastically Strongly Fairly Strongly With Reservations

| | | | | | |
|--|----------------------------------|--|--|--|--|
| | Academic Achievement | | | | |
| | Extracurricular | | | | |
| | Personal qualities and character | | | | |
| | OVERALL | | | | |

If you are completing only the questions pertaining to the applicant's disciplinary record, please provide the following information:

College Official's Name (Mr./Mrs./Ms./Dr.) _____
Please print or type

Signature  _____ Date _____

Title _____ College Official's Email _____

College Official's Telephone (_____) _____ College Official's Fax (_____) _____
Area/Country/City Code Number Ext. Area/Country/City Code Number Ext.

Is this applicant in good academic standing? ___ Yes ___ No

Is this applicant eligible to return to your school? ___ Yes ___ No

If you answered no to either or both questions, please attach a separate sheet of paper or use your written recommendation to provide details.

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, that resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution? ___ Yes ___ No

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime? ___ Yes ___ No

If you answered yes to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

___ Check here if you would prefer to discuss this applicant over the phone with the Office of Admission.

I recommend this student: ___ No basis ___ With reservation ___ Fairly strongly ___ Strongly ___ Enthusiastically