

## Dean of Students Form

**Transfer Applicant:** This form must be submitted to Hamline University before the review of your application for admission.

I have applied for admission to Hamline University for the academic term beginning \_\_\_\_\_  
and authorize the release of the following information.

Student's first name \_\_\_\_\_ Student's last name \_\_\_\_\_

Middle name \_\_\_\_\_ College ID \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City, state, zip \_\_\_\_\_

Please check all that apply:    I am over the age of 25.    I have not taken any college courses in the last four years.