

INTERNATIONAL PROGRAMS
 Rollins College
 1000 Holt Avenue – 2759
 Winter Park, FL 32789-4499
 Tel: 407-646-2466 Fax: 407-646-2595

Dean's Statement

Name of applicant

	A&S	/	Holt
--	-----	---	------

Last/First/Middle one	Graduation Year	R-card Number	Circle
--------------------------	-----------------	---------------	--------

--	--	--

Program Applied for	Campus email address	Campus/Cell phone
---------------------	----------------------	-------------------

TO THE STUDENT: Please sign the authorization below and submit this with your application.

I hereby authorize the completion of this form by the appropriate official. I understand that the information provided will be used only for program admission purposes.

Student's Signature

TO THE DEAN OF STUDENT AFFAIRS/DEAN OF THE HOLT SCHOOL: Please complete this form and return to International Programs. The student's application will be considered once this form is received.

Is the student in good academic standing? o yes o no

Has the student been found responsible for violating the Rollins College *Code of Student's Rights and Responsibilities*? o yes o no

If yes, please list the violation, the date, finding and sanction: (use other side if necessary)

Policy Violated	Date	Sanction
-----------------	------	----------

Policy Violated	Date	Sanction
-----------------	------	----------

Policy Violated	Date	Sanction
-----------------	------	----------

Policy Violated	Date	Sanction
-----------------	------	----------

Policy Violated	Date	Sanction
-----------------	------	----------

Donna Lee	Dean, Student Affairs	
Signature		Date

	Advisor, Holt School	
Signature		Date