



PERSONNEL DEAN'S DATA FORM (PDDF)

INSTRUCTIONS:

To consider your application for admission to Heidelberg University as a transfer student, both sections of this form must be completed and returned to: Heidelberg University, Office of Admission, 310 East Market Street, Tiffin, OH 44883-2462. Fax: (419) 448-2334. For questions, call (800) 434-3352 or (419) 448-2097.

SECTION I: To be completed by student

Name _____

Address _____ City/State/Zip _____

Home Phone _____ Cell or Other Number _____

Social Security Number _____ Expected Date of Entrance at Heidelberg: _____

Previous Institution: _____ Dates Attended: _____

Your signature below authorizes release of the requested information.

Signature of student _____ Date _____

SECTION II: To be completed by an official at last college attended

(Official may be any of the following: Dean of Students; Judicial Affairs; Student Affairs; Registrar)

Please complete this form and return it to the address listed above. Materials submitted in support of applications for transfer admission to Heidelberg University are used only by those members of the Admission Committee charged with responsibility for admission decisions. Each person given access to the materials is instructed to maintain strict confidentiality. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students have access to their permanent files which may include forms such as this one. Thank you for your cooperation.

Has the student been subject to disciplinary action of any type? Yes (If yes, please explain below) No

Does the student have permission for immediate re-enrollment at your institution? Yes No

Additional Comments: _____

These responses are based on: records counseling contacts personal acquaintance casual acquaintance

Do you wish to discuss this student by phone? Yes No

Institution _____ Phone _____

Signature _____ Title _____