

# University of St. Thomas Dean of Students Form

**Re-admission Applicant:** After completing the top portion, please submit the form to your most recent institution for completion.

Student's Last Name – *please print*

First Name, MI

UST ID (optional)

Street Address/P.O. Box

City, State, Zip

Phone Number

Student's Signature

Date

Have you ever been subject to disciplinary action by any institution of higher education?

Yes

No

*If so, please provide further details below, including the nature of the disciplinary action and the name of the institution where the disciplinary action occurred.*

Have you ever been judged delinquent by a juvenile court or convicted of a misdemeanor or felony-level jurisdiction?

Yes

No

*If so, please provide further details below, including the date, court, and nature of the charge or conviction.*

Please check all that apply:

I am over the age of 25

I have not taken any college courses in the last 4 years

If you have checked both boxes above, you do not need to complete the rest of this form.

"I have applied to the University of St. Thomas for the academic term beginning \_\_\_\_\_, and I authorize

\_\_\_\_\_ to release the following information."

\_\_\_\_\_  
*Name of college/university*

\_\_\_\_\_  
Student Signature

## Institutional Section

The student named above has applied for re-admission to the University of St. Thomas. This form must be on file before the student will be considered for re-admission. Please complete the following questions:

• Dates of attendance: \_\_\_\_\_

• Is this applicant eligible to return to your institution?

Yes

No

• Has the applicant been subject to either disciplinary action or probation while attending your institution?

Yes

No

*If yes, please explain:*

• Do you know of any other behavioral issues or concerns regarding this student's attendance at your institution?

Yes

No

*If yes, please explain:*

• Additional comments that may be helpful:

\_\_\_\_\_  
Signature of the Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Institution Address

Please return this form as soon as possible to:

University of St. Thomas  
Academic Counseling Office  
2115 Summit Avenue, Mail OEC 119  
St. Paul, MN 55105  
(651) 962-6300 FAX (651) 962-5965