

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.