

Statement of Good Standing

TRANSFER or READMISSION APPLICANT: After completing the top portion, submit this form to your most recent institution for final completion.

Student's Last Name (*please print:*)

First Name, Middle Initial

Street Address/P.O. Box

City, State, ZIP

Phone Number

Student's Signature

Date

SIGNATURE:

"I have applied for admission to the College of Saint Benedict/Saint John's University for the academic term beginning

_____, and I authorize _____ to release the following information." _____

Name of College/University

Student Initials

INSTITUTIONAL SECTION

The student named above has applied for admission or readmission to the College of Saint Benedict/Saint John's University. This form must be on file before the student will be considered for admission or readmission. 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
- Do you know of any other behavioral issues or concerns regarding this student's attendance at your institution?
Yes/No
- Additional comments that may be helpful:

Signature of Dean/Student Conduct Officer*

Date

Printed Name

Daytime Telephone Number

Name of Institution

Institution Address

PLEASE RETURN THIS FORM TO:

College of Saint Benedict/Saint John's University

Admission Office

2850 Abbey Plaza

Collegeville, Minnesota 56321

Office: 320-363-5060 | **Fax:** 320-363-5650

admissions@csbsju.edu

**This should be signed by the person at the institution who tracks the student conduct records.*