



Readmission Waiver

Hiram College

Office of the Registrar · PO Box 67, Hiram, OH 44234
Phone: 330.569.5210 · Fax: 330.569.5211

Please complete the top portion of this form and give it to the Dean of Students (or equivalent) at the college/university you most recently attended. Your signature on the line below authorizes release of the information requested.

Name: _____
(last) (first) (middle)

Permanent Address: _____
(number and street)

_____ City State Zip Code Country

Social Security Number: _____

I am applying for readmission for: **Fall semester** _____ **Spring semester** _____
(year) (year)

I hereby authorize _____ to release the information
(College/University)
requested below to Hiram College.

Student signature: _____ **Date:** _____

DEAN OF STUDENTS: The above student has applied for readmission to Hiram College. In order to act on his/her application, we must obtain the information requested below. It should be completed and returned to us at the above address as soon as possible.

Name: _____ **Position:** _____
(Please print)

College/University: _____

School Address: _____

Telephone Number: _____ / _____

Dates of candidate's attendance: _____

Is the candidate in good academic standing and able to return to your college/university?
(Please check one.)

Yes No (If no, please explain.) _____

Has the candidate been involved of any acts of dishonesty? (Please check one.)

Yes No (If yes, please explain.) _____

Has the candidate been responsible for or involved in disorderly or disruptive behavior?

Yes No (If yes, please explain.) _____

The answers to the above questions are based on (please check all that apply):

- Records on file
 - Casual contact and observation
 - Personal knowledge
 - Other (Please explain.)
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COMMENTS:

We welcome all information that will help us evaluate this student as a candidate for readmission to Hiram College. _____

Signature: _____ **Date:** _____

I would like to share additional information regarding this student. Please call me.