



Albion College

Certification of Good Standing

Applicant: Please complete the *Personal Information* section of this form and sign the authorization statement. Then give the form to the Vice President for Student Affairs, Registrar, or official in charge of student records at the college or university at which you are currently enrolled or most recently attended. It is your responsibility to see that this form is completed and returned to the Student Affairs Office at Albion College. Your eligibility to enroll at Albion College is not finalized until this completed form is received.

A. Personal Information (To be completed by the applicant):

Applicant's full name

Home address

Last, First & Middle

Number, Street, City, State & Zip

Current mailing address

Social Security Number

Number, Street, City, State & Zip

"I authorize the appropriate college/university official at my current/previous institution to respond candidly to the questions asked about me on this form."

Signature of Applicant _____

Date _____

B. College/University Official Information (To be completed and forwarded to Albion College by one of the officials listed above at applicant's current/recent institution):

1. Is this applicant currently in good academic and social standing?

Yes No

If "no," please explain. _____

2. Is this applicant eligible to continue at, or return to, your institution?

Yes No

If "no," please explain. _____

If "yes," please indicate any conditions. _____

3. Has this applicant ever been placed on academic probation, social discipline (including initial proceedings), or dismissed for academic or disciplinary reasons?

Yes No

If "yes," please explain why the student was placed on academic probation, social discipline (including initial proceedings) or dismissed. (If additional space is needed, please use the back of this form.)

4. Please indicate the reason(s) why this student is leaving your institution. _____

5. Would you like to speak with an Albion College official?

Yes No

6. Additional comments: _____

Signed _____

Title _____

Date _____

Institution _____

Address _____

Phone _____

The College/University official is requested to please mail or fax completed form directly to:

**Admissions Office
Albion College
611 East Porter Street
Albion, MI 49224
(517) 629-0569 (FAX)**