



BECKER COLLEGE

Dean of Students Certification and Recommendation Form

Student Section: Complete this section and deliver to the individual responsible for conduct records (Dean of Students, Title IX Coordinator, Chief Conduct Officer) at any college(s) you have attended within the last three (3) years or any institutions you are currently attending. Forms submitted by the Registrar will not be accepted.

Name _____
Last Name First Name Middle Name Suffix

Date of Birth: _____

Institution Name & Address: _____

Dates of Attendance at Institution: _____

FERPA Waiver: By signing this form, I authorize you to release to Becker College in writing and/or verbally the information requested below. I understand that Becker College reserves the right to deny admission to a student based on the information received from other institutions.

Student Signature: _____ Date: _____

To be completed by the Authorized Student Conduct Officer: To the college official: This form is to be completed by the college official who has access to and is authorized to release information pertaining to disciplinary and academic records. Please complete the following information regarding the aforementioned student who is applying for admission to Becker College. You may use a separate sheet of paper for additional comments.

How long has the student attended your institution? _____

Has the student been the subject of any disciplinary action for conduct at your institution either on or off campus?
If yes, please explain. Yes No

Has the student been suspended, dismissed, expelled or forced to withdraw from your institution for disciplinary reasons?
If yes, please explain. Yes No

To your knowledge, has the student ever been convicted of a misdemeanor, felony or other crime? If yes, please explain. Yes No

Is the student eligible to return to your institution? If no, please explain. Yes No

Is the student in good academic standing? If no, please explain. Yes No

If not stated above, is there a reason why the student should not be admitted? If yes, please explain. Yes No

Name: _____ Title: _____

Signature: _____ Date: _____

College or University: _____ Phone: _____

Email Address: _____

School Stamp/Seal
Required

Please send the original form to:

Becker College - Office of Admissions – 61 Sever Street, Worcester, MA 01609

admissions@becker.edu - Toll Free 877-523-2537 – Fax 508-890-1500 – www.becker.edu