



Confidential Report of Academic Standing

To be completed by the Registrar or Academic Dean

To be completed by the applicant

I hereby authorize the release of the requested academic information.

Applicant's Signature _____	Date _____
Name of Applicant _____	College, University, or Seminary _____

- 1) GPA: _____
- 2) Do you know the applicant personally? _____
- 3) Is the applicant in good standing at the institution? _____ (If not please explain below.)
- 4) Please list all honors that the applicant has received, and the list of the applicant's scores on standardized tests.

- 5) What is your evaluation of the applicant? (Continue on the reverse side if necessary.)

6) Please indicate your recommendation of the applicant:

As a Student					
As a Person					
	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically

Signed _____ Date _____

Name _____ Position _____
Please type or print

Address _____ Zip Code _____

It is the policy of University of Dubuque Theological Seminary to actively support equality of opportunity for all persons, and not to discriminate on the basis of race, sex, age, color, national and ethnic origin, handicap, veteran status, an, where applicable, religion, in the administration of admission, employment, and educational policies of scholarship, loan, athletic, and other school-administered programs.

Please return to the Office of Admissions

University of Dubuque Theological Seminary, 2000 University Ave., Dubuque, IA52001. Fax 563.589.3110, email udtsadms@dbq.edu