

To be completed by student:

Student Name: _____ Student DOB (mm/dd/yyyy): _____

Student Address: _____

I authorize the release of this information to St. Mary's College of Maryland Office of Admissions.

Student Signature: _____ Date: _____

To be completed by College Official:

College Official Name: _____ Title: _____

Email: _____ Phone: _____

Institution: _____ CEEB: _____

Address: _____

Is this applicant in good standing? Yes No

Is this applicant eligible to return to your institution? Yes No

If you answered "No" to either or both questions, please attach a document to provide details.

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct, which resulted in the applicant's probation, suspension, removal, dismissal, or expulsion from your institution?

Yes No School policy prevents me from responding

To your knowledge, has the applicant ever been convicted of a misdemeanor, felony, or other crime?

Yes No School policy prevents me from responding

If you answered "Yes" to either or both questions, please attach a document or use your written recommendation to give the approximate date of each incident and explain the circumstances.

Signature: _____ Date: _____

Please send this form and accompanying documents to: Admissions@smcm.edu

Office of Admission | 47645 College Drive | St. Mary's City, MD | 20686