

PERSONNEL DEAN'S DATA FORM (PDDF)

INSTRUCTIONS:

To consider your application for admission to Heidelberg University as a transfer student, both sections of this form must be completed and returned to: Heidelberg University, O ce of Admission, 310 East Market Street, Ti n, OH 44883-2462. Fax: (419) 448-2334. For questions, call (800) 434-3352 or (419) 448-2097.

SECTION I: To be co le ed by s ude _____ City/State/Zip _____ Address ____ Home Phone _____ Cell or Other Number ____ Social Security Number ______ Expected Date of Entrance at Heidelberg: _____ Previous Institution: cooperation. Has the student been subject to disciplinary action of any type? — Yes (If yes, please explain below) Does the student have permission for immediate re-enrollment at your institution? □ Yes □ No Additional Comments: These responses are based on: □ records □ counseling contacts □ personal acquaintance □ casual acquaintance Do you wish to discuss this student by phone? ☐ Yes Institution _____

Title _____