



**Fairfield**  
UNIVERSITY

## DEAN OF STUDENTS CERTIFICATION AND RECOMMENDATION FORM

### Applicant Information

Please complete the applicant information section and submit this form to the Dean of Students at each institution you have attended. Your signature authorizes the release of information regarding your student conduct record. Failure to submit this will prevent your application from being reviewed. If you have been involved in disciplinary action at a previous institution we strongly encourage you to submit a separate statement explaining the incident. The completed form must be sent directly to the attention of Allison Berger, Associate Dean via email at: [aberger@fairfield.edu](mailto:aberger@fairfield.edu) and [dossan@fairfield.edu](mailto:dossan@fairfield.edu)

Name of Applicant- Last	First	Middle	
Home Address	City	State	Zip
Telephone	School Identification Number		
Applicant Signature to authorize release of student conduct records.			Date

### Evaluator Information

This form should only be completed by a campus official who has access to and is authorized to release information on disciplinary records. This is not an academic recommendation. Please complete the following information on the above named student who is applying for admission to Fairfield University. You may use a separate piece of paper or the reverse side of this form for additional comments.

1. DO YOU HAVE ACCESS TO STUDENT DISCIPLINARY RECORDS? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. HAS THE APPLICANT BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION FOR CONDUCT AT YOUR INSTITUTION EITHER ON CAMPUS OR OFF-CAMPUS? (If yes please explain briefly on a separate sheet of paper.)  
\_\_\_ Yes \_\_\_ No
3. IS THE APPLICANT ELIGIBLE TO RETURN TO YOUR INSTITUTION? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. HAS THE APPLICANT BEEN SUSPENDED, DISMISSED, EXPELLED OR WITHDRAWN FROM YOUR INSTITUTION FOR DISCIPLINARY REASONS? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. HOW LONG HAS THE APPLICANT ATTENDED YOUR INSTITUTION? \_\_\_\_\_
6. TO YOUR KNOWLEDGE ARE THERE ANY FACTORS WHICH WOULD INTERFERE WITH THIS APPLICANT'S ABILITY TO MAKE NORMAL PROGRESS TOWARD HIS/HER DEGREE? (If yes, please explain briefly on a separate piece of paper.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature	Date
Name Printed	Title/Position
School	Telephone
Email	