

Harvard College
Committee on Visiting
Undergraduate Admissions
86 Brattle Street
Cambridge, Massachusetts 02138
617/495-9707
Fax # 617/496-8407

Dean's Letter of Permission and Report on Good Standing of Visiting Undergraduate Student

SUBMISSION DEADLINES:
November 1 for Spring Term
May 15 for Fall Term

To the Applicant

Please fill out the lines below, then read carefully the statement regarding the Family Educational Rights and Privacy Act of 1974.

Applicant's Name (please print) _____
Last First Middle (complete)

Home Address _____
Number and Street City State Zip/Postal Code

College _____

Family Educational Rights and Privacy Act of 1974.

The purpose of this recommendation is to assist in making the admissions decision and, if you are admitted and enroll, to aid in advising, counseling and otherwise assisting you. Under the provisions of this Act you have the right, if you enroll at Harvard College, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate below by checking the appropriate box and signing your name whether or not you wish to waive this right.

I waive do not waive any right of access to this recommendation form

Applicant's Signature _____ Date _____

Please give this form, along with one of the enclosed reply envelopes, to the current Dean or Administrative Officer in charge of students at the college or university from which you will receive your degree.

To the Dean: Admission to Harvard College as a Visiting Undergraduate is contingent upon the permission of the student's degree-granting college or university and on its willingness to grant credit for courses taken at Harvard. This form is to be used to indicate your college's permission for the above named student to study at Harvard and to report on the applicant's academic and personal record.

Thank you for your assistance.

1. Please comment on the candidate's plan of study at Harvard College and indicate your college's permission for a leave of absence for this purpose.

2. The candidate's leave of absence to study at Harvard has been approved for

Fall Term 20 ____ Spring Term 20 ____ Full Academic Year _____

3. Will the applicant receive credit toward their undergraduate degree at your college for courses taken at Harvard?

Yes No (If the answer is "no," please explain.)

Please identify any contingencies or limitations to the student's enrollment or the granting of credit (i.e. number of courses, types of courses, grades, etc.).

4. Has the applicant ever been on academic probation? Yes No
5. Has the applicant ever been subject to any disciplinary sanctions? Yes No
6. Are any disciplinary charges pending? Yes No

(If the answer to any of the above questions is "yes," please explain even if the incident seems minor.)

7. We welcome any general statement that you may wish to make about the candidate or their planned program of study.

Signature _____ Date _____

Name _____
(please print)

Title or Position _____

Office Address _____ Telephone () _____

E-Mail Address _____

This form is to be returned to the applicant in the envelope provided. Please sign and seal the envelope. The applicant is to return the unopened envelope with the application to the Admissions Office. IF YOU PREFER YOU MAY MAIL THIS FORM DIRECTLY TO THE ADMISSIONS OFFICE.