

Signature _

I waive the right to see this evaluation form after it is completed. Summer School for College Students 2014 Application Applicant's Signature Dean of Student's Recommendation Letter Parent's Signature, if applicant is under 18 Return to: Rice University - Office of the Registrar - MS 57 Summer School for College Students - Houston, TX 77005 I reserve the right to see this evaluation form after it is completed. Applicant's Signature ■Male ☐ Female Birth Date — Parent's Signature, if applicant is under 18 Student Social Security # _ Student Name_ Middle (Complete) Last First Home Address Street Address State Zip Code To the Applicant: Please fill in the information requested above. Give this form to the Dean of Students at the most recent institution you have attended. To facilitate processing, please give your Dean a stamped envelope addressed to the Office of Admission at the above address. To the Dean: It would be inappropriate for you to complete this form before the applicant has chosen one of the privacy options above. We need and appreciate your assistance. All information provided is strictly confidential. Recommendations are discarded before the candidates enroll. The above-named student is applying as a visiting student to Rice University. Please confirm the following: ■ No 1. Is the above-named student in good academic standing at your institution? ☐ Yes Is the above-named student in good disciplinary standing at your institution without pending accusation of disciplinary 2. violation or record of probation, suspension, or other disciplinary sanction? ■ No ■ No 3. Has this student been or will this student be granted a leave of absence to attend Rice? ☐ Yes Will your institution accept credits from Rice for which this student earns a grade of C or better towards his/her degree? 4. ☐ Yes ☐ No 5. If you answered no to any of these questions, please explain. Additional Comments: ___ 6. College/University ______ Email ______ Telephone (_____) ____ Email ______

_____Title _____

_____ Date _____

IMPORTANT

Pursuant to the Family Education Rights and Privacy Act, the following options are open to you. Please sign one of the following statements before asking your

counselor to complete this form.