



**LINCOLN UNIVERSITY  
DEAN OF STUDENTS CERTIFICATION FORM**

**Prospective Transfer Student:** This certification is to be completed by the **Dean of Students or the Administrative Office in charge of Disciplinary Records** at each post secondary school you have attended as a student regardless of length of time that has past since you were enrolled. You may photocopy this form. Please inform the above office to return this form directly to the Admissions Office at the address above. All items listed should be completed to the best of the student's knowledge.

STUDENT:

First Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lincoln Student ID#: \_\_\_\_\_

1. Institution completing questionnaire: \_\_\_\_\_

2. Dates of Attendance: \_\_\_\_\_ Degree/ Major granted or expected: \_\_\_\_\_

To the Dean of Students or the administrative Officer in charge of Disciplinary Records:

I have made application for admission to Lincoln University, PA I authorize you to furnish any information in your files regarding any disciplinary action(s) taken or sanctions imposed during the time of my enrollment in your institution.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCHOOL OFFICER:

\_\_\_\_ NO disciplinary action or sanctions have ever been imposed against the above named applicant.

\_\_\_\_ YES disciplinary action or sanctions have ever been imposed against the above- named applicant.  
(Please explain below or attach any documentation)

Name of College/University Officer: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Thank you for your assistance. All information supplied on this questionnaire will be kept confidential.

Please return completed form to:  
**Lincoln University**  
**Office of Undergraduate Admissions**  
**MSC 147 ~ P.O. Box 179**  
**1570 Baltimore Pike**  
**Lincoln University, PA 19352**