

# OHIO NORTHERN UNIVERSITY

## CERTIFICATION OF GOOD STANDING

**Applicant:** Please complete Section I of this form and give to an official (Dean of Students; Judicial Affairs; Student Affairs; Registrar) at your last college attended. Both sections of this form must be completed to be eligible for enrollment. If you have any questions, please call 419-772-2260.

### SECTION I: To be completed by the applicant.

Name (First, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Last Names \_\_\_\_\_ Expected Date of Enrollment \_\_\_\_\_

Address (Number & Street) \_\_\_\_\_

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

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 (FERPA) guarantees confidentiality of student educational records. I authorize the appropriate college/university official at my current/previous institution to release any information relevant to the questions below.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### SECTION II: To be completed by one of the officials listed above at last college attended.

**Mail:** Ohio Northern University, Office of Admissions, 525 S Main St, Ada, OH 45810.

**Scan and email:** transcripts@onu.edu (email must come from official's school email address).

**Fax:** 419-772-2821

1. Is this student eligible to continue/return to your institution? Yes  No

If "no," please explain (use back of form if necessary) \_\_\_\_\_

If "yes," please explain any conditions (use back of form if necessary) \_\_\_\_\_

2. Has this student been dismissed from your institution?

Academically Yes  No  Socially Yes  No

If "yes," please explain (use back of form if necessary) \_\_\_\_\_

3. Would you like to speak by phone to an Ohio Northern official? Yes  No

4. Additional comments \_\_\_\_\_

Name \_\_\_\_\_ Title & Institution \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_