

Dean's Certification Form

INSTRUCTIONS FOR THE STUDENT: Complete the top section entirely. *Please print clearly*. Submit this form to the Dean of Students or an Administrative Officer in charge of student records from any institution(s) that has/have awarded or will be awarding you a degree (Bachelor's, Master's, and Doctorate). The University of Florida College of Veterinary Medicine will maintain strict confidentiality of this document.

Student Name	::	UFID:	
DOB:	Phone:	Email:	
REQUIRED O	NLY FOR <u>UF</u> STUDENTS:		
	By placing my initials in the box to the left, I acknowledge that I authorize release of my UF Transcript.		
	OR <u>ALL</u> ENTERING STUDENTS: ASE (Please Initial)		
	completed for the use in the admissions proc	cknowledge that I have requested this certification form be ess to the University of Florida College of Veterinary Medicine. I to the University of Florida College of Veterinary Medicine.	
2. WAIV	YER OF ACCESS (Please Initial One)		
	By placing my initials in the box to the left, I a	cknowledge that I waive access to this form.	
		cknowledge that I do not waive access to this form. to the student if he or she enrolls at the University of Florida College of Veterinary	
3. Signat	ture of Student:	Date:	
the appropriate and email addre	eanswers including explanations if necessary. List less. Please sign and date the form. Email, fax, or i		
	·	2-8351 PO Box 100125, Gainesville, FL 32610-0125	
1. Has thi	is individual been the subject of conduct-related YES (Attach an explanation	disciplinary action, proceedings, suspension, or probation? NO	
•		the required sanctions that resulted in a status of good standing? NO (Attach an explanation)	
2. Has thi	is individual been placed on academic probation? YES (Attach an explanation)		
•	If yes, did the individual attain good academic YES	standing following their academic probation? NO (Attach an explanation)	
Institution:			
Name:		Title:	
Phone:	Email:		
Signature:		Date:	