Harvard College Committee on Visiting Undergraduate Admissions 86 Brattle Street Cambridge, Massachusetts 02138

Phone: 617-495-9707 Fax: 617-496-8407

E-mail: adm-vus@fas.harvard.edu

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

SUBMISSION DEADLINES: October 1 for Spring Term April 1 for Fall Term

To the Applicant		
Applicant's Name (please print)Last	First	
		Middle (complete)
$\label{lem:condition} \textbf{Applicant's intended field of specialization (Chemistry,}$	English, etc.)	
Privacy Notice: The Family Educational Rights and Privac of the following occurs:	y Act (FERPA) allows you to have access to your	recommendation after you matriculate unless one
 The college or university does not save evaluation You waive your access rights below 	ons after matriculation	
Yes, I DO waive my rights to access this evaluation	No, I DO NOT waive my rights to access	s this recommendation form
My signature below authorizes all schools I attended to pro	ovide all requested records and allows review of	my application for the admission process.
Applicant's Signature	Date	
To the Dean		
Admission to Harvard College as a Visiting Undergraduat on its willingness to grant credit for courses taken at Harv study at Harvard and to report on the applicant's academ	vard. Completion of this form certifies your coll	lege's permission for the student named above to
1. Please comment on the candidate's plan of study at Ha	arvard College and indicate your college's pern	nission for a leave of absence for this purpose
2. The second ideal of the control o		
2. The candidate's leave of absence to study at Harvard h	as been approved for	
O Fall Term 20 O Spring Term 20 O Full Ac	cademic Year	
3. Will the applicant receive credit toward his or her under	ergraduate degree at your university for course	es taken at Harvard?
O Yes O No (If the answer is "no," please explain.)		
Please identify any contingencies or limitations to the stugrades, etc.).	udent's enrollment or the granting of credit (i.e	e. number of courses, types of courses,

4. Has the applicant ever been on academic probation?	0	Yes C	No.	O Don't know			
5. Has the applicant ever been subject to any disciplinary sanctions?				O Don't know			
6. Are any disciplinary charges pending?	0	Yes C	No	O Don't know			
(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 you may wish to make about the ca	andidate or his or he	r plannod	progr	ram of study			
7. We welcome any general statement you may wish to make about the ca	indidate of fils of fie	i piaririeu	progr	alli oi study.			
Signature	_Date						
Name(please print)							
(please print)							
Title or Position	_University						
Office Address	Tolo	nhone ()				
Office Address	1 ele	.priorie (/				
E-Mail Address							

This form must be submitted either online or returned to the applicant in a signed, sealed envelope. The applicant is to return the unopened envelope to the Visiting Undergraduate Student (VUS) Admissions Office. If you prefer, you may mail this form directly to VUS Admissions Office.