Dear Prospective Student,

You have indicated that you were either convicted of a felony or dismissed from an educational institution for disciplinary reasons on your admissions application. In accordance with the University’s Admissions Review Protocol, you will need to provide the information requested below. Please provide complete answers to all relevant questions. You may attach additional pages if necessary and return the requested information/documentation to the Office of Undergraduate Admissions by the petition deadline: **Fall Semester: August 1**, **Spring Semester: December 15**, and **Summer Semester: April 15**. The information provided will be reviewed by a committee of University Officials to determine an appropriate recommendation regarding your admission to the University. If you have further questions, please call the Office of Community Standards and Student Conduct at 937-775-4240.

Name: ___________________ Phone: ___________________ UID: ___________________

1. Please list all convictions of any felony(s) for which you were found guilty. Include the date of conviction, the degree of the felony (F1-F5) and any sentence you may have received (i.e. incarceration, probation, etc…) and/or current conditions related to your conviction.
2. Please list all violations/reasons for your disciplinary dismissal from your previous educational institution (including High School disciplinary action if applicable). Include the date of your suspension/dismissal and the reasons for the action taken by the institution.
3. Please list all programs/certifications you may have completed/earned related to your conviction or dismissal.

<table>
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<tr>
<th>Dismissal/Expulsion/Felony</th>
<th>Date of Action</th>
<th>Sanctions</th>
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Length of time elapsed since your most recent incident: Months/Year ________________________________

Please provide a detailed description of each incident with supporting documentation. (Court Records, Police Reports, Etc.)

______________________________________________________________________________

List any programs/certifications completed during or since incarceration/dismissal/expulsion:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Name of Probation/Parole Officer(s) | Department/City/County | Phone Number |
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I am requesting to live on campus if I am admitted? (Please circle) Yes / No

Is there any additional information you would like the committee to consider?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Continued on Reverse
AUTHORIZATION FOR RELEASE OF INFORMATION

I, the below identified person, do hereby release the following records and/or information described below. My authorization to release includes the categories I have initialed.

All Disciplinary Information ____ Mental Health Treatment ____ Drug and/or Alcohol Treatment and/or Assessment ____

RECORDS TO BE RELEASED TO:
FROM: __________________________
_________________________________
_________________________________

TO BE EXCHANGED:
TO: __________________________
_________________________________
_________________________________

I understand that this release will include information I initialed below.

____ All Disciplinary Information
____ Assessment Information
____ All Treatment Recommendations
____ Results of Psychological Testing
____ Discharge Summary
____ Psychiatric Evaluation
____ Medication History
____ Diagnosis
____ Treatment Progress
____ Progress Notes
____ Drug Screen Results
____ Other _______________________

This information may be transmitted by mail, by fax, in person or verbally.

THIS AUTHORIZATION WILL REMAIN IN EFFECT FOR THE ACADEMIC YEAR UNLESS I SPECIFY AN EARLIER EXPIRATION IN THIS SPACE. __________________

Students Name: ____________________________ Student Social Security Number: ________________

________________________________________
Print Name

________________________________________
Signature of Student Date

________________________________________
Print Name of Staff Person Facilitating Request

________________________________________
Signature of Staff Person Facilitating Request Date

I understand that this authorization may be withdrawn at any time in writing except to the extent that action has been taken.