UNIVERSITY OF ST. THOMAS CODE OF CONDUCT FORM

TRANSFER or READMISSION APPLICANT: After completing the top portion, submit this form to your most recent institution for nal completion.

Student's Last Name – please print	First Name, Middle Initial	St. Thomas ID (optional)
Street Address/P.O. Box	City, State, ZIP	
Phone Number	Student's Signature	Date
Please check all that apply:	\square I am over the age of 25. \square I have not to	aken any college courses in the last four years.
If you have checked both boxes abo	ove, you do not need to complete the rest of this form	
"I have applied for admission to the	University of St. Thomas for the academic term begin	nning,and I authorize
	to release the following information."	
Name of College/University	Student	Initials
INSTITUTIONAL SECTION		
The student named above has appl	ied for admission or readmission to the University of	St. Thomas. This form must be on le before the
student will be considered for admis	ssion or readmission. Please complete the following q	uestions:
• Da		