Harvard College  
Committee on Visiting  
Undergraduate Admissions  
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Cambridge, Massachusetts 02138  
Phone:  617-495-9707  
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**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

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**To the Applicant**

Applicant's Name (please print) ________________________________  
Last _______ First _______ Middle (complete) ________

Applicant's intended field of specialization (Chemistry, English, etc.) ________________________________

**Privacy Notice:** The Family Educational Rights and Privacy Act (FERPA) allows you to have access to your recommendation after you matriculate unless one of the following occurs:

1. The college or university does not save evaluations after matriculation  
2. You waive your access rights below

___ Yes, I DO waive my rights to access this evaluation  
___ No, I DO NOT waive my rights to access this recommendation form

My signature below authorizes all schools I attended to provide all requested records and allows review of my application for the admission process.

Applicant's Signature ________________________________  
Date ________________________________

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**To the Dean**

Admission to Harvard College as a Visiting Undergraduate is contingent upon the permission of the student's degree-granting college or university and on its willingness to grant credit for courses taken at Harvard. Completion of this form certifies your college's permission for the student named above to study at Harvard and to report on the applicant's academic and personal record. Thank you for your assistance.

1. Please comment on the candidate’s plan of study at Harvard College and indicate your college’s permission for a leave of absence for this purpose

2. The candidate’s leave of absence to study at Harvard has been approved for

   ○ Fall Term 20 ____  ○ Spring Term 20 ____  ○ Full Academic Year ______

3. Will the applicant receive credit toward his or her undergraduate degree at your university for courses taken at Harvard?

   ○ Yes  ○ No (If the answer is “no,” please explain.)

Please identify any contingencies or limitations to the student’s enrollment or the granting of credit (i.e. number of courses, types of courses, grades, etc.).
4. Has the applicant ever been on academic probation?  
   O Yes  O No  O Don’t know

5. Has the applicant ever been subject to any disciplinary sanctions?  
   O Yes  O No  O Don’t know

6. Are any disciplinary charges pending?  
   O Yes  O 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 candidate or his or her planned program of study.

Signature _____________________________________________________ Date________________________________________________

Name_____________________________________________________________________________________________________________
(please print)

Title or Position __________________________________________ University________________________________________

Office Address __________________________________________________________ Telephone ( ) ___________________________

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.