



**TRANSYLVANIA**  
UNIVERSITY

**TRANSFER APPLICATION  
FOR ADMISSION  
AND SCHOLARSHIPS**

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ENROLLMENT 2019-20



# WE'RE SO GLAD YOU'RE APPLYING TO TRANSY!

We think you'll be thrilled with the high-quality educational opportunities available here, as well as the personal attention our faculty and staff provide.

You can apply online at [transy.edu/apply](https://transy.edu/apply).

Submission of this application and related materials is all that is necessary for you to be considered for admission and most merit-based scholarships at Transylvania. The deadline for submitting your application varies with the scholarships for which you wish to be considered (see page 3). We encourage you to apply as early as possible in the fall of your senior year.

If you wish to be considered for state and/or federal need-based financial aid, you must also complete the Free Application for Federal Student Aid (FAFSA). Although Transylvania does not consider financial need as a factor for admission or merit scholarships, we do encourage families to file the FAFSA (see page 4).

Please contact us if you have any questions regarding the admissions and financial aid process. Our staff is always happy to help. Office hours are Monday through Friday, 8:30 a.m. to 5 p.m. Eastern Time.

#### OFFICE OF ADMISSIONS

Transylvania University  
300 North Broadway  
Lexington, KY 40508-1797  
(800) 872-6798 or (859) 233-8242  
Email: [admissions@transy.edu](mailto:admissions@transy.edu)

#### OFFICE OF FINANCIAL AID

Transylvania University  
300 North Broadway  
Lexington, KY 40508-1797  
(800) 872-6798 or (859) 233-8239  
Email: [financialaid@transy.edu](mailto:financialaid@transy.edu)

[transy.edu](https://transy.edu)

*Transylvania University admits students regardless of race, color, religion, sex, national origin, age, disability, sexual orientation or any other classification protected by federal or state law or local ordinance.*

# ADMISSIONS DEADLINES

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## FOR TRANSFER STUDENTS

### August 1—Transfer Admission Deadline

Transfer students who wish to be considered for fall term admission should submit their applications by August 1.

# APPLICATION INSTRUCTIONS

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## Transfer Students

- Admissions application form.**
- Official final high school transcript**—Ask your high school guidance counselor to send your final high school transcript to the Office of Admissions.
- Official college transcripts**—Ask the registrar at each college or university you have attended to send your official transcripts to the Office of Admissions.
- ACT and/or SAT scores**—Transylvania will accept official score reports from the testing organizations, ACT and/or SAT scores reflected on your official high school transcript or copies of your ACT and/or SAT score reports.
- One Evaluation and Recommendation**—Ask an individual closely acquainted with your academic work to submit the Evaluation and Recommendation form and mail it to the Office of Admissions. Suggested recommenders include:
  - College professor/instructor
  - College academic advisor
  - High school teacher who taught you within the last two years
  - High school counselor (if you graduated from high school within the past year).

## Financial Aid Applicants

File the Free Application for Federal Student Aid (FAFSA) online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) which becomes available after October 1 each year. Because some financial aid funds are limited, it is recommended that you file the FAFSA by December 1. Remember to list Transylvania (code #001987) on the FAFSA so that it is sent to us.

# TRANSFER APPLICATION FOR ADMISSION & SCHOLARSHIPS



Please type or print in ink.

## ENTRANCE INFORMATION

- Plan to Enter:**  Fall Term (August) 2019  Winter Term (January) 2019  
**Applying as:**  First-time Student  Transfer Student  
**Applying for:**  Early Action I (October 31)  Early Action II (December 1)  Regular Decision (February 1)  
**Classification:**  Full-time  Part-time  
**Housing Plans:**  Residence hall  With parent(s) or legal guardian(s) within a 30-mile radius of campus  Off campus (At least 21 or married)

Possible major \_\_\_\_\_  Undecided Possible career or professional plans \_\_\_\_\_  Undecided  
I plan to apply for need-based financial aid by filing the FAFSA.  Yes  No

## PERSONAL INFORMATION

- Mr. \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Ms. FIRST MIDDLE LAST  
Home Address (Street) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Are you a U.S. citizen?  Yes  No If not, are you a permanent resident?  Yes  No Country of citizenship if not U.S.A. \_\_\_\_\_  
(Optional) Are you Hispanic/Latino?  Yes, Hispanic or Latino (including Spain)  No  
(Optional) Regardless of your answer to the prior question, please select one or more of the following that best describes you:  
 American Indian or Alaska Native (including all Original People of the Americas)  Asian (including Indian subcontinent and Philippines)  
 Black or African American (including Africa and Caribbean)  Native Hawaiian or Other Pacific Islander (Original peoples)  
 White (including Middle Eastern)  
(Optional) What is your preferred gender identity?  
 Male  Female  Transgender  Non-binary/Third Gender/Gender Queer/Gender Fluid  Agender  
 Questioning/Unsure  Prefer Not to Respond  Other  
(Optional) What is your preferred pronoun?  
 He  She  They  Ze  No pronoun preference  A pronoun not listed: \_\_\_\_\_  
Will you be the first person in your immediate family to attend college?  Yes  No Are you or a parent a veteran of the U.S. Armed Forces?  Yes  No

## FAMILY INFORMATION (List address if different from yours.)

**Mother/Stepmother/Legal Guardian**  Mrs.  Ms.  Dr.

**Father/Stepfather/Legal Guardian**  Mr.  Dr.

FIRST MIDDLE LAST NAME  
Home Address \_\_\_\_\_  
Daytime Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
College (if any) \_\_\_\_\_  
DEGREE YEAR  
Graduate School (if any) \_\_\_\_\_  
DEGREE YEAR

FIRST MIDDLE LAST NAME  
Home Address \_\_\_\_\_  
Daytime Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
College (if any) \_\_\_\_\_  
DEGREE YEAR  
Graduate School (if any) \_\_\_\_\_  
DEGREE YEAR

Parents' marital status:  Never married  Married  Widowed  Separated  Divorced (date \_\_\_\_\_)

With whom do you make your permanent home?  Mother  Father  Both  Other \_\_\_\_\_

Please give names and ages of your siblings. If they have attended college, give the names of the institutions attended, degrees and approximate dates. If more than two siblings, you may list them on an attached sheet.

NAME/RELATIONSHIP	INSTITUTIONS ATTENDED	DEGREE(S)	DATES

Please list any immediate and extended family members (parents, aunts, uncles, cousins, etc.) who are currently attending or who previously attended Transylvania.

Relationship \_\_\_\_\_ Years Attended \_\_\_\_\_ - \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Attended \_\_\_\_\_ - \_\_\_\_\_

**HIGH SCHOOL INFORMATION**

High School \_\_\_\_\_ County \_\_\_\_\_ Graduation Year \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this a boarding school?  Yes  No Should we correspond with you there?  Yes  No

Counselor's Name \_\_\_\_\_ Counselor's Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Your Cumulative GPA \_\_\_\_\_ Are you enrolled in the International Baccalaureate (IB) Diploma Programme (DP) at your school?  Yes  No

**HONORS**

**High school academic honors:**

- National Merit Finalist  National Merit Semifinalist  Kentucky Governor's Scholar  YMCA Black Achievers Program
- Kentucky Governor's School for Entrepreneurs  Kentucky Governor's School for the Arts  Hugh O'Brian Leadership Conference
- Central Kentucky Youth Orchestra  Henry Clay Center for Statesmanship

Briefly list or describe any additional academic honors you have been awarded since the ninth grade.

**TEST INFORMATION**

Do you plan to submit your ACT or SAT test scores as a part of your application?  Yes  No

**ACT**

DATE TAKEN	ENGLISH	MATH	READING	SCIENCE	COMPOSITE	DATE TAKEN	ENGLISH	MATH	READING	SCIENCE	COMPOSITE
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**SAT**

DATE TAKEN	VERBAL/CRITICAL READING	MATH	WRITING	DATE TAKEN	VERBAL/CRITICAL READING	MATH	WRITING
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Do you plan to retake the  ACT or  SAT? Date to be taken? \_\_\_\_\_

**INTEREST IN TRANSYLVANIA**

How did you first learn of Transylvania University?

- High School Counselor  Admissions Counselor  Admissions Email  Admissions Mailing  Church  Friend  Current Student
- Parent  Media  Internet  Social Media  Athletic Coach

Alumna/Alumnus (List name(s)) \_\_\_\_\_

Other (Please specify.) \_\_\_\_\_

Have you visited Transylvania?  Yes  No If so, date of visit \_\_\_\_\_

To what other colleges and universities do you plan to apply? \_\_\_\_\_

**RELIGIOUS AFFILIATION (Optional)**

Transylvania is affiliated with the Christian Church (Disciples of Christ). Are you a member of the DOC church?  Yes  No

If so, what church do you attend? \_\_\_\_\_ Are you interested in applying for a DOC scholarship?  Yes  No

If not a DOC member, what is your religious affiliation, if any? \_\_\_\_\_

**PREVIOUS COLLEGE EXPERIENCE**

If you are transferring from another college or university or if you are a high school student who has taken college courses, please complete the following and have the registrar's office at each college you attended send a copy of your official transcript to Transylvania University, Office of Admissions, 300 North Broadway, Lexington, KY 40508-1797.

List all colleges/universities at which you have taken courses for credit, starting with the most recent. Attach additional sheets if necessary. Please have an official transcript sent from each institution as soon as possible.

Name of College/University	Location (City, State, Zip)	Dates Attended	Degrees Earned
_____	_____	_____	_____
_____	_____	_____	_____

## EXTRACURRICULAR, PERSONAL AND VOLUNTEER ACTIVITIES

In order of their importance to you, list organizations and activities in which you have participated during high school. You may include, for example, academic organizations or activities, sports, extracurricular activities, summer study, travel and church and civic activities. Attach an additional sheet if necessary.

Activity	Grades Involved	Hours/week	Weeks/year	Positions held, honors won or letters earned
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
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	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			

## WORK EXPERIENCE

Please list jobs you have held during the past three years (including summer employment).

Type of work	Employer	Dates	# of hours/week

## COLLEGIATE ACTIVITIES

Please indicate activities you have interest in participating in at Transylvania.

### Visual and Performing Arts

Instrumental Music

Musical Instrument(s):

\_\_\_\_\_

\_\_\_\_\_

Vocal Music

Vocal Part: \_\_\_\_\_

Drama

Studio Art

Art History

### Varsity Sports

Baseball (men)

Basketball (men/women)

Cross Country (men/women)

Field Hockey (women)

Golf (men/women)

Lacrosse (men/women)

Soccer (men/women)

Softball (women)

Swimming and Diving (men/women)

Tennis (men/women)

Triathlon (women)

Track and Field (men/women)

Volleyball (women)

### Other Activities

Air Force Reserve Officer Training Corps (ROTC)

Army Reserve Officer Training Corps (ROTC)

Cheerleading (men/women)

Community Service

Dance Team (women)

Diversity Clubs

Equestrian-Eventing (men/women)

Fraternity/Sorority

Student Government

Student Newspaper

Student Religious Organizations

### Auditions/Portfolio Submissions

Check if you are interested in:

Auditioning for a music scholarship    Auditioning for a theater scholarship    Submitting a portfolio for an art scholarship

**STUDENT AGREEMENT**

In signing this application, I certify that the information supplied is true and complete. Any falsification or omission may be grounds for cancellation of admission or enrollment. If I am accepted for admission and enroll as a student at Transylvania University, I agree to abide by the rules and regulations of the university. By completing this application, I understand that I will be considered for all academic and/or designated scholarships for which I may qualify.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If you are under age 18)*

# EVALUATION & RECOMMENDATION FORM



## THIS SECTION TO BE COMPLETED BY STUDENT

After completing this section, ask a school administrator who is familiar with your academic work to complete the bottom part of this form and mail it to the Office of Admissions by the appropriate deadline.

_____ Student's Full Name	_____ Student's Social Security Number	_____ Student's Home Phone	
_____ Student's Street Address	_____ City	_____ State	_____ Zip
_____ Name of High School or College/University	_____ City	_____ State	_____ Zip

### Student Waiver

I waive my right to future access to this document.     I do not waive my right to future access to this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY RECOMMENDER

This form will be used for both admission and scholarship decisions.

How long have you known this student? \_\_\_\_\_

In what class(es) did you teach this student? (If applicable) \_\_\_\_\_

What grade(s) did this student earn in your class(es)? (If applicable) \_\_\_\_\_

Do you know this student in a capacity outside of the classroom?     Yes     No

If yes, please explain. \_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

Complete the evaluation below and write a letter of recommendation for the applicant. Base your evaluation on a comparison of this student with all other students you have known. If you are not qualified to rank the student on a characteristic, indicate that in the appropriate column.

Characteristics	Top 5%	Top 10%	Top 25%	Top 50%	Below Average	No Opportunity to Observe
Oral Expression						
Written Expression						
Maturity						
Dependability						
Integrity						
Perseverance						
Initiative						
Overall Evaluation						

(Continued on back)



# LETTER OF RECOMMENDATION

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You may write your letter in this space or attach it to this form. Your evaluation of this student will be very important in helping us determine whether to offer this student admission and to consider him or her for scholarships. We are particularly interested in the candidate's intellectual promise, enthusiasm, special talents and performance in the classroom. Please call us if you have any questions at (800) 872-6798 or (859) 233-8242 or send an email to [admissions@transy.edu](mailto:admissions@transy.edu).

I highly recommend this student.

I recommend this student.

I recommend with reservation.

I do not recommend.

Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_ Title \_\_\_\_\_

School Name \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Office Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**Return to:** Transylvania University, Office of Admissions, 300 North Broadway, Lexington, KY 40508-1797

# STATEMENT OF GOOD STANDING FOR TRANSFER STUDENTS



The completion of this form is necessary for transfer application to Transylvania University. Submit a copy of this form to the Office of the Registrar or Dean of Students at all institutions that you have previously attended. Please ask them to forward this completed form directly to:

Transylvania University, Office of Admissions, Attn: Johnnie Johnson, 300 North Broadway, Lexington, KY 40508

## TO BE COMPLETED BY TRANSFER STUDENT:

After completing this section, please give a copy of this form to the Office of the Registrar or Dean of Students of ALL the colleges or universities you have previously attended.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

PERMANENT HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974, as amended, guarantees confidentiality of the student's educational records.

In an effort to expedite my transfer, I, \_\_\_\_\_, authorize the Office of the Registrar or Dean of Students to release all information as it pertains to my conduct as an enrolled student.

Name of Institution \_\_\_\_\_ Dates Attended \_\_\_\_\_

## TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR OR DEAN OF STUDENTS:

This statement is to verify that the above student is in good academic and disciplinary standing at your institution. Please mark the appropriate responses:

\_\_\_\_\_ is a student in  Good Academic Standing  Probationary Standing  
FULL NAME OF STUDENT

1. Has this student ever been dismissed from your institution?  Yes  No
2. Has this student ever been subject to disciplinary action?  Yes  No
3. Is this student eligible to return to your institution?  Yes  No
4. Is this student in good financial standing?  Yes  No

If the answers to 1 or 2 are yes, or the answer to 3 or 4 is no, please explain. Use a separate sheet if necessary. Thank you!

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Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_