

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



### TO THE 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 of the colleges or universities you have previously attended.

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

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 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:

\_\_\_\_\_ (Full name of student) is a student in ☐ Good Academic Standing ☐ Probationary Standing

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 on reverse side of this form. Thank you!

Name \_\_\_\_\_

Title \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_