

## Statement of Good Standing

The completion of this form is necessary for application to Transylvania University's Ireland summer program. 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 Director of Global and Intercultural Engagement Office, Attn: Tracy Dunn, 300 North Broadway, Lexington, KY 40508 or scan and email directly to [tdunn@transy.edu](mailto:tdunn@transy.edu)



### TO THE APPLICANT:

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 application, 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 \_\_\_\_\_