



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: Sarah Guinn, 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!

Name _____ Title _____

Email _____ Phone _____

Signature _____ Date _____

Please send to: Transylvania University, Office of Admissions, Attn: Sarah Guinn, 300 North Broadway, Lexington, KY 40508