

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 via email to: Jennifer Heersche at [jheersche@transy.edu](mailto:jheersche@transy.edu) or by mail to Transylvania University, Office of Admissions, Attn: Jennifer Heersche, 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 \_\_\_\_\_