

Transfer Student Clearance Form

INSTRUCTIONS

Transfer Student: Section A of this form is to be completed by the Transfer Student. Section B of this is to be completed by the Dean of Students AT THE INSTITUTION YOU LAST ATTENDED. Final evaluation for each applicant will be based on review of this form.

SECTION A – TO BE COMPLETED BY THE STUDENT

PLEASE PRINT OR TYPE:

Last Name First Name Middle Initial

Home Address (Number, Street Name)

City State Zip Code

Social Security Number

Home Phone Cell Email

Anticipated Date of Entry (ex: Fall 2016) Fall _____ Spring _____

Please list all previous institutions you have attended and the dates of attendance:

Name of Institution Date of Attendance

Name of Institution Date of Attendance

Name of Institution Date of Attendance

Authorization to share records:

I authorize _____, which I attended from _____ to _____ to disclose to Waynesburg University all
Name of Institution Date Date

records related to any disciplinary proceedings, in which I was involved while I attended _____.
Name of Institution

Signature of Applicant

Date

SECTION B – TO BE COMPLETED BY THE DEAN OF STUDENTS AT THE INSTITUTION THE STUDENT ATTENDED

Dean of Students, please complete the section below and return it and all disciplinary records of the Transfer Student to:

Waynesburg University, Admissions Office
51 West College St, Waynesburg, PA 15370

1. Dates student attended your institution: _____

Is the student eligible to return to your institution? YES NO

2. Has the student been subject to any nonacademic disciplinary action? YES NO

If Yes, please explain the nature of any nonacademic disciplinary action:

3. Are you aware of any particular reason for the transfer? YES NO

If so, please explain:

Name of Dean Signature Date

Institution Address Phone

