

College Clearance Form (Transfer Students Only)



TO THE TRANSFER STUDENT:

The completion of this form is necessary for transfer admission to Saint Francis University. Please fill in your name, address, and dates of attendance on this form and submit it to the office of the Dean of Students at all colleges or universities in which you were enrolled for nine or more credits.

* If you are leaving the institution due to graduation, you need not complete this form.

STUDENT'S NAME _____

HOME ADDRESS _____

ADDRESS OTHER THAN HOME _____

DATES OF ATTENDANCE _____

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 Dean of Students Office to release all information as it pertains to my conduct and code of behavior.

Signature of Applicant _____ Date _____

TO THE DEAN OF STUDENTS:

This student has applied for admission as a transfer student to Saint Francis University. Please complete this form and return it to the Vice President of Enrollment Management, Saint Francis University, Loretto, PA 15940. Your assistance is greatly appreciated.

1. Has this student been dismissed from your institution?

Yes ____ No ____

2. Has this student been subject to any non-academic related disciplinary actions?

Yes ____ No ____

3. Is this student eligible to return to your Institution?

Yes ____ No ____

4. Who may we call for further information? _____

Telephone Number _____

If the answer to (1) or (2) above is yes or the answer to (3) above is no, please explain on the reverse side of this form.

SIGNED _____ NAME _____

OFFICIAL TITLE _____

INSTITUTION _____