

College Clearance Form



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 Dean of Students Office at all colleges or universities in which you were enrolled for nine or more credits. Please feel free to make copies.

***If you are leaving the institution due to graduation, you do not need to 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 pertain to my conduct and code of behavior.

Signature of Applicant _____ Date _____

TO THE DEAN OF STUDENTS OR OFFICE OF JUDICIAL AFFAIRS:

This student named above has applied for admission as a transfer student to Saint Francis University. Please complete this form and return this form by mail to the Director of Admissions, Saint Francis University, PO Box 600, Loretto, PA 15940. This form can also be faxed to 814-472-3335.

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? _____ Phone _____

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 _____

Title _____ Institution _____