

MERCYHURST UNIVERSITY

REQUIRED TRANSFER FORM

To be completed by the student:

Enter your own name and information below, and submit this form to the Dean of Students at any/all colleges and universities you have attended (one form for each institution):

PLEASE PRINT

Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Previous Institution: _____ Dates Attended: _____

The Family Education Rights and Privacy Act of 1974, as amended, guarantees confidentiality of student educational records. In an effort to expedite my transfer, I, _____, authorize the Dean of Student's Office to release all information as it pertains to my conduct and code of behavior.

Student Signature: _____ Date: _____

To be completed by the Dean of Students:

The above named student has applied for transfer to Mercyhurst University. Will you, or a member of your staff who has access to student records, please complete this form and return it to Mercyhurst University Admissions at your earliest convenience. This information is necessary before final action can be taken on this student's application. We may follow up with a phone call to verify receipt of this form. Your assistance is greatly appreciated.

1. Has this student been dismissed from your institution? Yes No
2. Has this student been subject to non-academic related disciplinary action? Yes No
3. Is this student eligible to return to your institution? Yes No

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

These responses are based on:

- Records Counseling Contacts Personal Acquaintance

Do you wish to discuss this student by phone? Yes No

Name: _____ Title: _____

Institution Name: _____ Phone: _____

Signature: _____ Date: _____