Mercyhurst College
Transfer Form

Mercyhurst College
Office of Admissions
501 E 38th St
Erie PA, 16546
(814) 824-2202

To be completed by the student:
Enter your own name and information below and submit this form to the Dean of Students at all college(s) or university(s) you have attended.

Name _____

Permanent Address _____

City _____ State _____ Zip Code _____

Previous Institution _____ Dates Attended _____

The Family Education 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 Student's Office to release all information as it pertains to my conduct and code of behavior.

Signature _____ Date _____

To be completed by the Dean of Students:
The above named student has applied for transfer to Mercyhurst College. Will you, or a member of your staff who has access to student records, please complete this form and return it to the address listed above 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 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 _____

Phone _____ Institution_____

Date _____ Signature _____