



PLEASE PRINT CLEARLY. To be completed by the student.

Please complete the top portion of this form with your own personal information, and submit the form to the Dean of Students at any/all colleges and universities you have attended (one form for each institution).

Name: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

Country/Region: _____

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: _____

PLEASE PRINT CLEARLY. To be completed by the Dean of Students or a representative of the dean's office.

The above named student has applied for transfer to Mercyhurst University. Please complete this form and return it to Mercyhurst University's Office of Admissions by mail, email or fax 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has this student been subject to non-academic-related disciplinary action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is this student eligible to return to your institution? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Records | <input type="checkbox"/> Counseling Contacts | <input type="checkbox"/> Personal Acquaintance |
|----------------------------------|--|--|

Do you wish to discuss this student by phone?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Name: _____ Title: _____

Institution Name: _____ Phone: _____

Signature: _____ Date: _____