

# Transfer Student Clearance Form

## INSTRUCTIONS

Transfer Student: This form MUST be completed by the Dean of Students AT THE INSTITUTION YOU LAST ATTENDED. Final evaluation for each applicant will be based on review of this form. Your signature below authorizes release of the requested information.

Signature of Applicant

Date

PLEASE PRINT OR TYPE:

Last Name

First Name

Middle Initial

Home Address (Number, Street Name)

City

State

Zip Code

Social Security Number

Home Phone

Cell

E-mail

Anticipated Date of Entry (ex: Fall 2016) Fall \_\_\_\_\_ Spring \_\_\_\_\_

Please list all previous institutions you have attended and the dates of attendance:

Name of Institution

Date of Attendance

Name of Institution

Date of Attendance

Name of Institution

Date of Attendance

Dean of Students, please complete the section below and return to: Waynesburg University Admissions Office  
51 West College St, Waynesburg, PA 15370

1. Dates student attended your institution: \_\_\_\_\_

2. Is the student eligible to return to your institution?  YES  NO

3. Has the student been subject to nonacademic disciplinary action?  YES  NO

If so, please indicate the nature of the offense: \_\_\_\_\_

4. Are you aware of any particular reason for the transfer?  YES  NO

If so, please explain: \_\_\_\_\_

These responses are based upon:  Records  Personal Acquaintance  Counseling Contacts  Other  
Signature

Name of Dean

Signature

Date

Institution

Address

Phone