



Transfer Student Information Form

To be completed by the student:

Name

Last First Middle

Home Address

Street City State Zip

I request this information to be released _____
Student's Signature Date

To be completed by the Office of the Registrar or Dean of Students at your current or most recent institution: The student whose name appears above is seeking to transfer from your institution to Converse University.

Please provide the following information regarding this request:

1. Is this student in good standing academically? Yes No
2. Is this student in good standing behaviorally? Yes No
3. Is this student in good standing financially? Yes No
4. Has this student been involved in any violation of school policy? Yes No If yes, please explain:
5. Is this student eligible to continue at your institution? Yes No
6. Do you have pertinent information you feel we should know about this student which you would prefer to discuss by telephone? Yes No



7. If there is any other information you feel we should know about this student, please explain below.

Signed: _____ Institution: _____

Title: _____ Address: _____

Email: _____

Phone: _____

Please return to: Converse University Office of Admissions | 580 East Main Street |
Spartanburg, SC 29302 864.596.9040 | admissions@converse.edu | converse.edu