



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 institution:

The student whose name appears above is seeking to transfer from your institution to Converse College.

Please provide the following information regarding this request:

- | | | |
|--|-----|----|
| 1. Is this student in good standing <u>academically</u> ? | Yes | No |
| 2. Is this student in good standing <u>behaviorally</u> ? | Yes | No |
| 3. Is this student in good standing <u>financially</u> ? | Yes | No |
| 4. Has this student been involved in any violation of school policy?
If yes, please explain: | Yes | No |
| 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 College Office of Admissions | 580 East Main Street | Spartanburg, SC 29302
864.596.9040 | admissions@converse.edu | converse.edu