Transfer Applicant Evaluation Form

Applicants:
Please complete the top portion of this form and submit it to the Dean of Students of the most recent college attended.
This form may be duplicated if needed.

Last Name | First Name (Formal) | Middle Name | Suffix | Social Security Number

Other last name(s) under which your transcript(s) might be submitted

Address (Number and Street) | City | State | Zip/Postal Code

School to which you are submitting this form

Date of attendance

The Family Educational 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 Students to release all information as it pertains to the questions below.

Signature | Date

Dean of Students:
One of your students, named above, has applied for admission to Gannon University. Please complete this form as completely as possible and return it to: **Office of Admissions • Gannon University • 109 University Square • Erie, Pennsylvania 16541-0001**

1. Is this student eligible to continue/return to your institution? ❑ Yes ❑ No

Comments

2. Has this student been dismissed from your institution? Academically ❑ Yes ❑ No Disciplinary ❑ Yes ❑ No

Comments

3. Has there been any type of non-academic disciplinary action with regard to this student? ❑ Yes ❑ No

Comments

4. Has there been any reason to question this student's emotional stability? ❑ Yes ❑ No

Comments

Name

Title | Institution

Telephone Number (Including Area Code) | Signature | Date