

Washington & Jefferson College Transfer Student Clearance Form



WASHINGTON
& JEFFERSON
COLLEGE

Return To: Office of Admission
Washington & Jefferson College
60 South Lincoln Street
Washington, PA 15301

Instructions to the Applicant:

Please type or print your name and address and sign and date the release statement below. Submit this form to the Dean of Students at the institution you are currently attending. If you are not presently enrolled in school, please submit this form to the appropriate officer at the last institution you attended. NO TRANSFER APPLICATION CAN BE EVALUATED UNTIL THIS COMPLETED FORM IS ON FILE IN THE OFFICE OF ADMISSION.

Name _____ SSN _____
Address _____
(Street) (City) (State) (Zip)

To: The Dean of Students

I have applied for admission to Washington & Jefferson College and hereby request that you release the information requested below and return it to the Washington & Jefferson College Office of Admission at your earliest convenience. Thank you.

Student Signature Date

1. Dates student attended your institution: _____

2. The student's status at your institution:

___ Currently enrolled in good standing and entitled to honorable withdrawal at this time.

___ Withdrew on probation or in failing status on _____
Date

___ Withdrew in good academic standing on _____
Date

___ Graduated on _____ Degree Awarded on _____
Date Date

___ Dismissed on _____ Suspended on _____
Date Date

If the student has been dismissed or suspended: Is the dismissal permanent? ___ Yes ___ No

3. Is the student eligible to return to your institution? _____

4. Are you aware of any particular reasons for transfer? If so, please explain. _____

5. Has this student ever been under college censure for improper conduct?
If so, please indicate the nature of the offense. _____

6. Does this student have an outstanding financial obligation to your institution? _____

7. Would you care to communicate additional information to me personally? ___ Yes ___ No
These responses are based upon: ___ Records ___ Personal Acquaintance ___ Counseling Contacts ___ Other

Name, Title _____

Institution _____ Address _____ Signature _____ Date _____

City State Zip Office Telephone Number (____) _____ - _____
Area Code Number