TRANSFER APPROVAL FORM

Dear Academic Dean or Registrar,

The following student has applied for admission to Paine College. We would appreciate your response to the questions below. Please return this form to our Office of Admissions as soon as possible. Thank you for your assistance.

_________________________________________
Student (Print)

_____________________________________________________________
Signature of Student Authorizing Release of Information

_____________________________________________________________
Date

1. Was the above student at any time the subject of disciplinary action?
   YES_____       NO_____  If yes, please explain below:

   ______________________________________________________________
   ______________________________________________________________

2. Was the student on academic probation when he/she last attended your institution?
   YES_____        NO_____ __________________________________________________________________________
   __________________________________________________________________________

3. Was the student under academic suspension or dismissal when he/she left your institution?
   YES_____       NO_____  If yes, please explain below:

   ______________________________________________________________
   ______________________________________________________________

4. Has the student been suspended or dismissed for any other reason?
   YES_____       NO_____  If yes, please explain below:

   ______________________________________________________________
   ______________________________________________________________

5. Is the student in good standing and eligible to return to your institution?
   YES_____       NO_____  If no, please explain below:

   ______________________________________________________________
   ______________________________________________________________

________________________________________________________________________
Date       Name of Person Completing Form (Print)

__________________________________________________________
Signature

__________________________________________________________
Title (Print)

Name and Address of Your Institution

Telephone Number

A College of the United Methodist Church and the Christian Methodist Episcopal Church