# TAYLOR UNIVERSITY Transfer Verification

# To Be Completed by the Student

<b>Transfer Applicant:</b> Please complete this section and give this form to the Office of Student Affairs at the last college you atteended, requesting that it be completed and returned to Taylor University.		
Applicant's Full Name		
Mailing Address		
Name of last college or university attended	Location	
Dates of attendance		
I give my permission to release the information requested to Taylor University	Applicant's signature	

# To Be Completed by the Office of Student Affairs

The above student is applying for transfer admission to Taylor University. We value your comments and request that you give a full and candid report so that fair consideration may be given to the applicant.

### Academic

In good standing?	□ Yes □ No
On Academic Probation	□ Yes □ No:
Academically dismissed	🗆 Yes 🗅 No

# Citizenship

Outstanding	Good	🗅 Fair	Department Poor

Would you readmit the applicant?  $\Box$  Yes  $\Box$  No

# Emotional

Has the student	evidenced emotional	l difficulties?	Yes	🗆 No

If yes, may we contact you to discuss this matter further?  $\hfill \Box$  Yes  $\hfill \Box$  No

Please attach an additional sheet to this form to clarify, if necessary, the information you have provided and give additional data that you feel would be helpful in evaluating this student's readiness to continue his/her education at Taylor University.

Name (please print)	Date
Signature	Position
Institution	Phone number

#### Institution's address

TAYLOR UNIVERSITY Office of Admissions, 236 West Reade Avenue, Upland, Indiana 46989-1001, **800 882.3456 • 765 998.5511** FAX 765 998.4925 www.taylor.edu admissions\_u@taylor.edu