



Office of Admissions
Danville, VA 24541
(434) 791-4996 or (800) 283-7388

CONFIDENTIAL INQUIRY FOR TRANSFER APPLICANTS

PART I. To be completed by transfer applicant (Please type or print).

1. Name _____
Last First Middle Maiden Social Security No.

2. Address _____
Number Street City State Zip Code

I hereby authorize the Dean of Students, or a corresponding official, of

(last college attended)

to furnish the information required in Part II (below) to the Admissions Office of Averett University for use in conjunction with my application for admission. I understand that an official transcript of my academic record is to supplement my application. I am requesting that this recommendation be held in confidence by officials at Averett University.

Signature of Applicant Date

PART II. To be completed by the Registrar or Dean of Students of the last college the applicant attended or is currently attending.

Dates of attendance of applicant _____

Is the student currently in good standing with your institution? _____

If no, why? _____

Has the student received disciplinary action? Yes No

If yes, please explain _____

Does the student possess the emotional stability necessary for higher education? Yes No If no, is there a need for special assistance?

Reasons for transfer _____

Do you recommend this student for transfer? Yes No

Additional comments may be placed on reverse side.

Name _____

Signature _____

Title _____

All information will be considered confidential and will be treated accordingly. Return completed form to: Dean of Admissions, Admissions Office, Averett University, Danville, VA 24541

Please check here if it would be advisable to call for further information.

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