SPRINGFIELD COLLEGE
APPLICATION FOR TRANSFER ADMISSION

TRANSFER COLLEGE REPORT

The following person has applied for admission to Springfield College. Please complete this report as partial fulfillment of the admission requirements. Upon completion, please return to the Office of Undergraduate Admissions, Springfield College, 263 Alden Street, Springfield, MA 01109-3797.

I. TO BE COMPLETED BY THE STUDENT

Student Name _____
First Middle Last

Mailing Address _____
Street City State Zip

Home Address _____
Street City State Zip

Social Security Number (last 4 digits only) XXX - XX - _____

II. TO BE COMPLETED BY A COLLEGE/UNIVERSITY OFFICIAL

This portion of the form should be completed by one of the following officials of the college/university: registrar, advisor, or dean of students.

ACADEMIC:

1. Is the above named student currently enrolled at your institution? ☐ Yes ☐ No
   a. If yes, is he/she in good academic standing? ☐ Yes ☐ No
      Has he/she ever been on academic probation? ☐ Yes ☐ No
   b. If no, what was the last date of his/her attendence at your institution? _____
      Month/Year

CONDUCT REPORT:

2. Has the student been involved in a violation of policy? ☐ Yes ☐ No
   a. If yes, please provide a written statement to give the approximate dates of each incident, explain the circumstances and the college's actions.
   b. Would you welcome this student back to your institution? ☐ Yes ☐ No

Would it be helpful for a member of our staff to call you? ☐ Yes ☐ No

EVALUATION BY:

Name _____

Title _____

Institution _____

Email Address _____ Telephone _____

Signature _____