



COALITION APPLICATION TRANSFER REPORT

APPLICANT

Student Name _____ Date _____

Date of Birth (mm/dd/yyyy) ____/____/____

Coalition Applicant ID Number _____

Do you waive your rights under FERPA to review the evaluation below?

Yes No

UNIVERSITY OFFICIAL

Please give this form to a University Official (typically a Registrar or Dean with access to both your academic and disciplinary records) to fill out the following two sections

Institution Name _____ CEEB _____

Address _____

Name of Official _____

Title _____

Phone _____ Email Address _____

SUMMARY

Dates Attended (mm/yyyy) _____ to _____

Cumulative GPA _____ Scale _____

Projected Graduation Date (mm/yyyy) ____/____

Is this student eligible to return to your institution?

Yes No

Is this student in good academic and disciplinary standing?

Yes No School policy prevents me from responding

If no, please explain on an additional page, or request a phone call

Has this student ever been subject to (found guilty of) disciplinary proceedings?

Yes No School policy prevents me from responding

To your knowledge, has this student ever been convicted of a misdemeanor or felony?

Yes No School policy prevents me from responding

If yes, please explain on an additional page, or request a phone call

Sign

Date

Please scan and attach this form to your application, or mail it directly to the admissions office of the college or university requested.