

APPLICANT

After completing your name, address, and Social Security number below, submit this form to the Office of Student Affairs at the transferring institution

Social Security Number: - -

Full Name: _____
Last First Middle Maiden

Address: _____

City: _____ State: _____ Zip: _____

College/University Attended: _____

COLLEGE/UNIVERSITY OFFICIAL

The above named student is requesting a transfer from your institution to Saint Augustine's College. Please complete the requested information and return this form to **Saint Augustine's College, Office of Admissions, 1315 Oakwood Avenue, Raleigh, North Carolina 27610-2247**. Your prompt response is greatly appreciated.

Student's Dates of Attendance: _____ to _____

Is the student currently enrolled at your institution? Yes No

Is the student eligible to return to your institution? Yes No

If no, please explain:

Is the student withdrawing from your institution voluntarily? Yes No

If no, please explain:

To your knowledge, has this student been charged with a criminal offense other than a traffic violation? No Yes

If yes, please describe:

Do you APPROVE the transfer of the student? No Yes

Name: _____

Title: _____

College/University Name: _____

Mailing Address: _____

Telephone: _____

Signature: _____ Date: _____