



SAINT AUGUSTINE'S UNIVERSITY

Office of Admissions

TRANSFER APPROVAL FORM

.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 OFFICIAL

The above name student is requesting a transfer from your institution to Saint Augustine's University. Please complete the requested information and return this form to *Saint Augustine's University, Office of Admissions, 1315 Oakwood Avenue, Raleigh, North Carolina 27610-2247*. Your prompt response is greatly appreciated. You may return this form via fax to 919-516-5805, or by email to admissions@st-aug.edu

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: _____

OFFICIAL SCHOOL SEAL OR STAMP REQUIRED