Manchester College

TRANSFER STUDENT INFORMATION FORM

To be completed by the student:

Name: _____
Last First Middle

Home Address: _____
Street City State Zip

I authorize this information be released. _____
Student's Signature Date

The student whose name appears above is seeking to transfer from your institution to Manchester College. Please provide the following information regarding this student:

1. Is this student in good standing academically? Yes _____ No _____

2. Is this student in good standing socially? Yes _____ No _____

3. Is this student in good standing financially? Yes _____ No _____

4. Has this student been involved in any violation of school policy? Yes _____ No _____
   If yes, please explain: _____

5. Is this student eligible to continue at your institution? Yes _____ No _____

6. Do you have pertinent information you feel we should know about this applicant which you would prefer to discuss by telephone? Yes _____ No _____

7. If there is other information you feel we should know about this student, please explain in the space provided: _____

Signed: _____
Title: _____
Institution: _____
Address: _____
_____
_____
Phone: _____
Fax: _____

Please return completed form to:

Manchester College
Office of Admissions
604 E. College Avenue
North Manchester, IN 46962
800-852-3648
Fax: 260-982-5239
transfer@manchester.edu
www.manchester.edu