Transfer Referral Form

Instructions to candidates for admission with advanced standing:

1. Print your name in the space provided below. *(Married women should include their maiden names.)*
2. Sign and date the form.
3. Submit this form to the Dean of Students at each college previously attended and request return to: **Director of Admissions, Thiel College, Greenville, PA 16125 or fax to 724-589-2013**.

To be completed by student:

I,_____, have applied for admission to Thiel College. Please furnish the following information, which will be of assistance in evaluating my application.

_____ Signature

_____ Date

_____ Social Security Number

To be completed by dean of students:

_____ Name

_____ Position

_____ Institution

_____ Telephone/E-mail

1. Dates enrolled at your institution: From _____ to _____.
   If attendance has been interrupted, please explain.
   _____
   _____
2. Has there been any record of disciplinary action with student? Yes_____ No_____ If yes, please give details.
   _____
   _____
3. Would the candidate be allowed to continue at your institution? Yes _____ No _____ If no, please explain.
   _____
   _____
4. The social adjustment of this student has been: Satisfactory _____ Unsatisfactory _____
5. Has there been any evidence of physical or emotional problems that should be brought to our attention?
   Yes_____ No_____ If yes, please explain.
   _____
   _____
6. To your knowledge, has the applicant ever been involved with the use or possession of drugs on or off campus?
   Yes_____ No_____ If yes, please explain.
   _____
   _____
7. The above information is based on:
   ____ Records and Reports Only ____ Personal Acquaintance ____ Casual Contacts ____ Counseling Session
8. Additional Comments: _____
   _____

Submit to: Director of Admissions, Thiel College, Greenville, PA 16125 or fax to 724-589-2013.