

Randolph-Macon College

Transfer College Report

PART I - TO BE COMPLETED BY TRANSFER APPLICANT (PLEASE TYPE OR PRINT).

Name _____
Last First Middle/Maiden

Address _____
Street City State Zip Code

I authorize the Registrar or Dean of Students at _____
(college currently attending/last college attended if not currently in attendance)

to furnish the information required in Part II (below) to the Admissions Office at Randolph-Macon College for use in conjunction with my application for admission. I understand that an official academic transcript should be requested separately. I request that this information be kept confidential and waive my rights to examine this document.

Signature _____ Date _____

PART II - TO BE COMPLETED BY THE REGISTRAR OR DEAN OF STUDENTS OF THE LAST COLLEGE THE APPLICANT ATTENDED OR IS CURRENTLY ATTENDING.

Dates of attendance of applicant: _____

Is the student currently in good standing with your institution? Yes No

If no, why? _____

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

If no, term eligible to see readmission. Semester _____ Year _____

Has the student received disciplinary action? Yes No Unknown

If yes, please explain. _____

Reason for transfer, if known. _____

Additional comments: _____

Check here if it would be advisable to call for further information.

Name _____ Phone _____

Signature _____ Title _____

College _____ Date _____

All information is confidential and will be treated accordingly. Please return completed form to:
Randolph-Macon College, Office of Admissions • 114 College Ave • Ashland, VA 23005-2505
or fax to 804-752-4707