

TRANSFER QUESTIONNAIRE

To the applicant: This form must be completed before your application admission will be considered. Questions5#must be completedby WKH 6WXGHQW \$IIDLUV 2IILFH RI WorkdlegeVWXGHQW ¶V FXUUHQW RU

Signature: Date: STUDENT AFFAIRS OFFICE INFORMATION 1. Hasthe applicant been subjetot disciplinary action whileat your institution? Yes If Yes, please provide details 2. Did the applicant failto uphold social standards? Yes If Yes, please provide details 3. Is the applicant eligible to return to your institution? Yes No Conditionally If No or Conditionally, please provide details:	APPLICANT INFORMATION		
Telephone Number:	Name <u>:</u>		
I herebyauthorizethe released the requested information. Signature: Date: STUDENT AFFAIRS OFFICE INFORMATION_ 1. Hasthe applicant been subjeted disciplinary action whileat your institution? Yes If Yes, please provide details	PermanentAddress:		
I herebyauthorizethe released the requested information. Signature: Date: STUDENT AFFAIRS OFFICE INFORMATION_ 1. Hasthe applicant been subjeted disciplinary action whileat your institution? Yes If Yes, please provide details	Telephone Number: When do you wish	to enroll?	?
Signature: Date: STUDENT AFFAIRS OFFICE INFORMATION 1. Hasthe applicant been subjetot disciplinary action whileat your institution? Yes If Yes, please provide details 2. Did the applicant failto uphold social standards? Yes If Yes, please provide details 3. Is the applicant eligible to return to your institution? Yes No Conditionally If No or Conditionally, please provide details:	· · · · · · · · · · · · · · · · · · ·		
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If Yes, please provide details	STUDENT AFFAIRS OFFICE INFORMATION		
If Yes, please provide details		•	No
If No or Conditionally, please provide details:		Yes	No
5. Resource fogour evaluation: Student Record Casual Contact Personal Conta		•	Conditionally
	4. Additional Comments:		
	5. Resource foryour evaluation: Student Record Casual Cont	tact F	Personal Contac
Signature: Date:	Signature: Date:		
Name <u>:</u>	Name:		
Name and Address of Institution:	Name and Address of Institution:		

Please return completed form to: Director of Admissions, DeSalesUniversity, 2755 Station Avenue, Center Valley, PA 18034 or fax 610-282-0131