DIRECTOR OF ADMISSIONS
BOX 9901
SOUTHERN UNIVERSITY
BATON ROUGE, LOUISIANA 70813

TRANSFER STUDENT REFERENCE SHEET

TO THE STUDENT:

Provide the information requested on this form and sent it to the Chief Student Affairs Officer of the college/university you have previously attended. This should be done at the time you request transcripts, as your application is considered incomplete until this form is returned. TYPE OR PRINT ALL INFORMATION.

NAME OF STUDENT: _____
(PLEASE PRINT)

HOME ADDRESS: _____
(ZIP CODE)

DATE YOU EXPECT TO TRANSFER: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____ DATE OF BIRTH: _____

TO THE COLLEGE/UNIVERSITY:

I hereby request that you complete this form, which is to be sent to Southern University. I authorize you to release the requested information. Please return the completed form to the Director of Admissions, Southern University, Box 9901, Baton Rouge, Louisiana 70813.

_____
(APPLICANT'S SIGNATURE)

1. Why did this student leave your college? _____
2. Has the student been under Disciplinary Censure? ~ If so, please describe.

   _____

3. PLEASE CHECK ONE OF THE FOLLOWING: THIS STUDENT IS:
   A. Eligible to return to this institution ~
   B. Eligible to return only under special conditions ~
   C. Not eligible to return to this institution ~
   PLEASE EXPLAIN INELIGIBILITY OR CONDITIONAL ELIGIBILITY.

   _____

4. ADDITIONAL INFORMATION THAT MAY BE OF VALUE TO US IN WORKING WITH THIS STUDENT.

   _____

   _____

_____	_____	_____
SIGNATURE	TITLE	DATE

_____	_____	
COLLEGE/UNVERSITY	ADDRESS	(ZIP CODE)

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