



# CONFIDENTIAL TRANSFER REPORT

### APPLICANT'S SECTION

After completing this section, give this form to the Dean of Students, your Academic Advisor, the Registrar or other appropriate college official.

Have you previously applied to Ohio Wesleyan University?  Yes  No

Legal Name \_\_\_\_\_  
Last First Middle Prefer to be called (nickname)

Permanent Home Address \_\_\_\_\_  
Number and Street

City County State Zip

College/University \_\_\_\_\_

Dates Attended \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize release of this information to Ohio Wesleyan \_\_\_\_\_  
Signature

### OFFICIAL COLLEGE SECTION

(Please use reverse side if needed to elaborate.)

1. Is this student in good academic standing and unconditionally eligible to return next semester?  Yes  No

2. If possible, please comment on the following:

a. The student's reasons for requesting transfer \_\_\_\_\_  
\_\_\_\_\_

b. The student's ability to live with others \_\_\_\_\_  
\_\_\_\_\_

c. The student's relationship with faculty and staff \_\_\_\_\_  
\_\_\_\_\_

d. The student's personal strengths and weaknesses \_\_\_\_\_  
\_\_\_\_\_

3. Do Not Recommend  Recommend With Reservations  Recommend  Recommend Fairly Strongly  Recommend With Enthusiasm

4. Basis of Report:

- Records only: no personal contact with student
- Comments of other college personnel
- Conference or interview
- Personal acquaintance
- Other; please explain: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Please print name: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

College/University: \_\_\_\_\_

