

# Transfer Information Form Indiana Wesleyan University

**THIS PART OF THE FORM TO BE COMPLETED BY THE STUDENT.** *A student desiring to transfer cannot be accepted for admission without this form.*

LAST NAME

FIRST NAME

MIDDLE NAME

TRANSFERRING FROM WHAT COLLEGE OR UNIVERSITY

DATES OF ATTENDANCE (Month/Year to Month/Year)

SOCIAL SECURITY NUMBER

**I hereby grant permission to the appropriate college/university official to respond candidly to the questions asked on this form.**

SIGNATURE

DATE

**THIS PART OF THE FORM TO BE COMPLETED BY THE DEAN OF STUDENTS OR SIMILAR OFFICIAL OF THE LAST COLLEGE YOU ATTENDED.**

## THE SCHOOL SHOULD RETURN THIS FORM TO:

Admissions Office • Indiana Wesleyan University • 4201 South Washington Street • Marion, Indiana 46953-4974  
PHONE: 1-800-332-6901 or 1-765-677-2138 • FAX: 1-765-677-2333 • EMAIL: admissions@indwes.edu

## CONFIDENTIAL INFORMATION

- Regarding college citizenship, would you rank this student as:  
 Desirable     Of doubtful desirability     Undesirable
- Has this student ever been under academic probation or social discipline while attending your institution?     YES     NO  
If yes, please give a brief statement of the nature of the offense, probation, and disciplines:

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- Would this student be permitted to return to your college at the next enrollment period?     YES     NO  
If no, please indicate reason:

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- Any further comments (use additional paper if necessary).

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SIGNATURE OF SCHOOL OFFICIAL

PRINT NAME

TITLE OR POSITION

INSTITUTION

DATE