

TRANSFER STUDENT REFERENCE SHEET

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

Provide the requested information below and send to the Chief Student Affairs Officer of the college/university you last attended. This form should be done at the time you request your official transcripts. Your application is considered incomplete until this form is returned.

TYPE OR PRINT ALL INFORMATION.

PART I: TO BE COMPLETED BY THE TRANSFERRING STUDENT

NAME OF STUDENT: _____

HOME ADDRESS: _____

SEMESTER YOU EXPECT TO TRANSFER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PART II: TO BE COMPLETED BY THE COLLEGE/UNIVERSITY TRANSFERRING FROM:

I authorize you to release the requested information below by completing this section of the form and return to Southern University Office Admissions.

(APPLICANT'S SIGNATURE)

1. Check the type of institution student attended College/University Community College Technical School

2. Why did this student leave your institution? _____

3. Has the student been under Disciplinary Censure? Yes No

If yes, please describe _____

4. Is the student eligible to return to this institution? Yes No

If no, please explain ineligibility _____

5. Is the student eligible to return only under special conditions Yes No

If yes, please explain conditional eligibility _____

4. Additional information that may be of value to us in working with this student.

SIGNATURE

TITLE

DATE

INSTITUTION'S NAME

ADDRESS

ZIP CODE