



# LYCOMING COLLEGE

## TRANSFERRING STUDENT ADMISSION REPORT

Student, please complete Part I and *submit this form to the Dean of Students or Registrar's Office* at the college or university you are presently attending or the last institution attended for completion of Part II.

### Part I. To be completed by Transfer Applicant. (Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

College (Attending or attended) \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

I authorize the release of the information below to the Office of Admissions at Lycoming College.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

### Part II. To the college or university representative: This student is applying to Lycoming College as a transfer student. We appreciate your cooperation in providing us with the following information.

Is this student eligible to continue at your institution? If 2 or 3, please explain.

1. Yes \_\_\_\_\_ 2. Yes, conditionally \_\_\_\_\_ 3. No \_\_\_\_\_

Has the student been the subject of formal disciplinary action? If yes, please explain.

1. No \_\_\_\_\_ 2. Yes \_\_\_\_\_

Are there any special circumstances in the student's background that should be considered? If yes, please explain.

1. No \_\_\_\_\_ 2. Yes \_\_\_\_\_

The above information is based upon:

Records and reports only \_\_\_\_\_ Casual contact \_\_\_\_\_  
Personal acquaintance \_\_\_\_\_ Counseling contact \_\_\_\_\_

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
INSTITUTION

Thank you. All applicant information is considered confidential and treated accordingly.  
**The institutional representative should please return this completed form to the Lycoming College Admissions Office via email to [admissions@lycoming.edu](mailto:admissions@lycoming.edu) or by postal mail to the address below.**

**ONE COLLEGE PLACE | WILLIAMSPORT, PA 17701-5192 | 800-345-3920**