

Transferring Student Admission Report

L Y C O M I N G C O L L E G E

700 College Place • Williamsport PA 17701

800-345-3920 • Fax 570-321-4317

Please complete Part I and submit this form to the Dean of Students at the school you are presently attending or the last school attended for completion of Part II.

Part I. To be completed by Transfer Applicant. (Please type or 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

SOC.SEC.#

DATE

Part II. To the Dean of Students: 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 _____

Does the student have any physical, mental, or emotional problems which should be brought to our attention?

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. Please return this completed form to: Dean of Admission, Lycoming College, Williamsport, PA 17701-5192