

# 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**