



LYCOMING COLLEGE

TRANSFERRING STUDENT ADMISSION REPORT

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 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 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 _____

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: Director of Admission, Lycoming College, Williamsport, PA 17701-5192**