



CONFIDENTIAL STATEMENT

The student whose name appears below is requesting a transfer from your institution to enroll at Claflin University. Please complete this CONFIDENTIAL STATEMENT and return to the Office of Admissions at the address listed below.

Part I (TO BE COMPLETED BY THE STUDENT) Social Security No. _____

NAME
FIRST MIDDLE LAST

HOME ADDRESS
CITY STATE ZIP CODE

I attended (name of college) _____

Dates of Attendance _____ to _____

I hereby authorize release to the Office of Admissions at Claflin University of an official copy of my academic transcript and additional information indicated below regarding my standing at your institution as of this date.

Signature of Student _____
Date _____

PART II (TO BE COMPLETED BY THE PERSONNEL IN THE OFFICE OF STUDENT AFFAIRS OR THE REGISTRAR FROM THE TRANSFERRING INSTITUTION)

- 1. Is the above named student currently enrolled? Yes _____ No _____
- 2. Is the student eligible to return to your institution? Yes _____ No _____
- 3. Is the student withdrawing from your school voluntarily? Yes _____ No _____
- 4. To your knowledge, has this student been charged with a criminal offense other than a traffic violation? Yes _____ NO _____

If yes, please describe: _____

- 5. To your knowledge has this student been treated for any type of psychological medical problems? Yes _____ NO _____ If yes, please explain. _____

- 6. Was the student ever suspended for disciplinary reasons? Yes _____ No _____
- If yes, please give reason _____

SIGNATURE _____ DATE _____
SCHOOL OFFICIAL
TITLE _____

SCHOOL SEAL OR STAMP REQUIRED