

TRANSFER APPLICANT'S PERSONAL RECORD

UNIVERSITY OF NOTRE DAME

MAIL THIS FORM DIRECTLY TO :

Transfer Admissions Committee
Office of Undergraduate Admissions
University of Notre Dame
220 Main Building
Notre Dame, IN 46556-5602

I am applying for Fall Semester, 20____ Spring Semester, 20____

NOTE TO APPLICANT:

It is your responsibility to have this form filled out by the dean of students, registrar, or other college official who can attest to your academic and social good standing at that institution. Failure to receive this completed form will delay completion of your application.

Student's full name _____
Last First Middle
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Student's home address _____ Telephone _____

I give my permission to have this information released _____
Signature of applicant Date

NOTE TO COLLEGE OFFICIAL:

The purpose of this report is to procure information about the applicant's personal, social, and health record in the college last attended. Such information will be used to advise the student before being admitted and for guidance and counseling after admission. The information furnished will be treated in a strictly confidential manner by the University. Your assistance is greatly appreciated.

Do you know of any personal, social, or health difficulties of this student about which Notre Dame should know in considering an application for transfer, or do you have suggestions for counseling this student?

Would this student be permitted to return to your institution? _____ If not, please state the reason.

Has this student been subject to disciplinary action? _____ If so, please explain.

Additional comments

Signed _____ Title _____ Date _____

Institution _____ Address _____ Phone _____