



Southwestern University

TRANSFER STUDENT STATEMENT OF GOOD STANDING

TO THE TRANSFER APPLICANT:

Please complete the section below before giving this form to the Dean of Students or appropriate official at your present or last college/university attended. Be sure to allow ample time for the individual writing on your behalf to respond before the deadline. It is your responsibility to be sure this completed form is forwarded to the Southwestern University Office of Admission. **Please note: Your application will not be processed until this form is on file in the Southwestern University Office of Admission.**

Please type or print in black ink.

Name of Applicant: _____
Last/Family First Middle (Complete) Jr., etc.

Permanent Address: _____
Number and Street City or Town State/Province Zip/Postal Code Country

Social Security Number: _____ Telephone: (_____) _____
Area/Country Code and Number

Present College/University: _____
(or last attended) Official Name City or Town State/Province Zip/Postal Code Country

Current year courses—please indicate title and course number of all courses you are taking this year:

First Semester:

Second Semester:

I hereby authorize the college/university named above to release the information requested on this form to the Southwestern University Office of Admission.

Applicant's Signature: _____ Date: _____

NOTE: Transfer students are encouraged to mail all required portions of their application as early as possible, but no later than April 1 for fall consideration or no later than October 1 for spring consideration. Applicants who apply after the April 1 or October 1 deadlines will be considered on a space available basis.

TO THE DEAN OF STUDENTS (or appropriate college official):

The student named above has applied for admission to Southwestern University. We would appreciate your providing the information asked for below and on back, then mailing this form to: Office of Admission, Southwestern University, P.O. Box 770, Georgetown, Texas 78627-0770. The materials submitted in this report are subject to the provisions of the Family Educational Rights and Privacy Act of 1974. Your recommendation will be used for admission purposes only and will not become part of the student's permanent record. **The student's application is not complete until we receive this form.**

Please type or print in black ink.

College Administrator's Name: _____

Title: _____ College/University: _____
Official Name

College/University Address: _____
Number and Street City or Town State/Province Zip/Postal Code Country

E-mail Address: _____ Office Telephone: (_____) _____
Area/Country Code and Number

1. Dates student attended your institution: From _____ to _____

2. Is this student eligible to return to your institution? _____

3. If known, please provide information regarding special achievements, leadership positions held, and/or general character.

