



# COALITION APPLICATION TRANSFER REPORT

## APPLICANT

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Coalition Application ID \_\_\_\_\_

Do you waive your rights under FERPA to review the evaluation below?

Yes       No

## UNIVERSITY OFFICIAL

*Please give this form  
to a University Official  
(typically a Registrar  
or Dean with access to  
both your academic  
and disciplinary  
records) to fill out the  
following two sections*

Institution Name \_\_\_\_\_ CEEB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Name of Official \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## SUMMARY

Dates Attended (mm/yyyy) \_\_\_\_\_ to \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Scale \_\_\_\_\_

Projected Graduation Date (mm/yyyy) \_\_\_\_\_

Is this student eligible to return to your institution?

Yes       No

Is this student in good academic and disciplinary standing?

Yes       No       School policy prevents me from responding

If no, please explain on an additional page, or  request a phone call

Has this student ever been subject to (found guilty of) disciplinary proceedings?

Yes       No       School policy prevents me from responding

To your knowledge, has this student ever been convicted of a misdemeanor or felony?

Yes       No       School policy prevents me from responding

If yes, please explain on an additional page, or  request a phone call

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

*Please scan and attach this form to your application, or mail it  
directly to the admissions office of the college or university requested.*