

evangeluniversity

boldlychristian. unquestionablyacademic.

1111 N. GLENSTONE AVE. | SPRINGFIELD, MO 65802-2191

1.800.EVANGEL | www.evangel.edu

TRANSFER CLEARANCE FORM

To the Applicant: Please complete the following section and forward this form to the Dean of Students or Vice President for Student Affairs at the college or university that you previously attended. If you have attended more than one institution, you will need to provide additional copies for each additional institution.

APPLICANT'S NAME

LAST

FIRST

MIDDLE

PHONE NUMBER

NAME OF COLLEGE/UNIVERSITY PREVIOUSLY ATTENDED

DATES OF ATTENDANCE

TO

STUDENT ID # (PREVIOUS SCHOOL)

Please release information from my records as requested below to Evangel University.

SIGNATURE OF APPLICANT

DATE

Knowing that this waiver is not required to validate this request for release of information, I willingly waive the right of access to confidential statements made on this reference form.

SIGNATURE OF APPLICANT

DATE

To the Dean of Students or Vice President for Student Affairs: The person named above has applied for admission to Evangel University. We appreciate your completing this form and returning it as soon as possible to the Director of Admissions at the address below. This information is confidential and is necessary before final action can be taken on the student's application.

1. For the person named above, does the student's record indicate:

- a. Disciplinary probation or suspension? YES NO DO NOT COLLECT THIS DATA
- b. Financial irresponsibility with the college? YES NO DO NOT COLLECT THIS DATA
- c. Usage of tobacco, alcohol or illegal drugs? YES NO DO NOT COLLECT THIS DATA
- d. Sexual offense? YES NO DO NOT COLLECT THIS DATA
- e. Academic probation or suspension? YES NO DO NOT COLLECT THIS DATA
- f. Any other irresponsible behavior? YES NO DO NOT COLLECT THIS DATA

2. If you answered yes to any of the above, please elaborate.

3. Is the student in good standing and eligible for readmission to your institution? YES NO

4. May we call you if we have questions regarding this form? YES NO TELEPHONE _____

PLEASE PRINT NAME

SIGNATURE

DATE

TITLE

INSTITUTION

Please fax completed form to (417) 865-9599 or (417) 520-0545 or mail to
Office of Admissions • Evangel University • 1111 N. Glenstone • Springfield, MO 65802-2191