



**STATEMENT OF GOOD STANDING**

**TO THE TRANSFER STUDENT**

The completion of this form is necessary for transfer application to Queens University of Charlotte. Please fill in your name, address and dates of attendance on this form. Submit the form to the Office of the Dean of Students at the last college or university in which you were enrolled and have it forwarded to the Office of Admissions, Queens University of Charlotte, 1900 Selwyn Avenue, Charlotte, NC 28274.

Name \_\_\_\_\_  
First Middle Last

Home address \_\_\_\_\_  
Street City State ZIP

Address other than home \_\_\_\_\_  
Street City State ZIP

Dates of attendance \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974, as amended, guarantees confidentiality of the student's educational records. In an effort to expedite my transfer, I, \_\_\_\_\_, authorize the Dean of Students Office to release all information as it pertains to my conduct and code of behavior.

\_\_\_\_\_  
Signature of Applicant Date

**TO THE DEAN OF STUDENT'S OFFICE**

This student has applied to transfer to Queens University of Charlotte. Will you, or a member of your staff who has access to the student's records, please complete this form and return it to: Office of Admissions, Queens University of Charlotte, 1900 Selwyn Avenue, Charlotte, NC 28274. Your assistance is greatly appreciated.

- 1. Has this student been dismissed from your institution?       Yes       No
- 2. Has this student been subject to disciplinary action?       Yes       No
- 3. Is this student eligible to return to your institution?       Yes       No

If the answers to (1) or (2) above are yes or the answer to (3) above is no, please explain below. You may continue on the reverse side of this form if needed. Thank you.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Your Signature \_\_\_\_\_

Official Title \_\_\_\_\_

Institution \_\_\_\_\_

