

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 admissions@queens.edu or 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 _____