



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.*