

# Transfer Student Information Form



## To be completed by the student:

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

Home Address \_\_\_\_\_  
Street City State Zip

I request this information be released. \_\_\_\_\_  
Student's Signature Date

## To be completed by the Registrar's Office at your current institution:

The student whose name appears above is seeking to transfer from your institution to Manchester University. Please provide the following information regarding this student:

1. Is this student in good standing academically? Yes No
2. Is this student in good standing socially? Yes No
3. Is this student in good standing financially? Yes No
4. Has this student been involved in any violation of school policy? Yes No  
If yes, please explain:
5. Is this student eligible to continue at your institution? Yes No
6. Do you have pertinent information you feel we should know about this applicant which you would prefer to discuss by telephone? Yes No
7. If there is other information you feel we should know about this student, please explain below.

Signed:  
Title:  
Institution:  
Address:

Phone:  
Fax:

Please return completed form to:

Manchester University Office of Admissions  
604 E. College Ave.  
North Manchester, IN 46962  
800-852-3648  
Fax: 260-982-5239  
transfer@manchester.edu  
[www.manchester.edu](http://www.manchester.edu)