

CONFIDENTIAL TRANSFER STUDENT REPORT



FOR TRANSFER STUDENTS ONLY

Please print clearly in black ink:

Student's Name _____

Social Security Number _____

This form must be completed by the Dean of Students or Registrar of ALL colleges attended and returned to the Virginia Union University Office of Enrollment Management.

Name of University/College _____

Dates of Attendance _____

Please check appropriate responses:

Is this student on Academic/social probation?

☐ Yes ☐ No

Has this student:

A) Been disciplined for infractions of rules?

☐ Yes ☐ No

B) Been suspended at any time?

☐ Yes ☐ No

Could this student return to your school at the next regular enrollment?

☐ Yes ☐ No

Do you have any reason why this student should not continue at your school?

☐ Yes ☐ No

In the space below, please provide additional information that will help determine this student's eligibility for enrollment to Virginia Union University.

Signature _____ Date _____

Title _____

Phone Number _____

Return form to:
VIRGINIA UNION UNIVERSITY
1500 North Lombardy Street | Richmond, Virginia 23220

Office of Enrollment Management
Telephone: 804.342.3570
Fax: 804.342.3511