

TRANSFER RECOMMENDATION & TRANSCRIPT REQUEST FORM

INSTRUCTIONS

Please print this form and have the Dean of Students/Registrar at your college complete and forward it along with official copies of your transcript to this office. Your admissions credentials will be considered incomplete without this completed form. All information provided will be used in strict confidence. Your signature indicates authorization to release this information.

MAIL COMPLETED FORM TO:

Hampton University
Religious Studies Program
P.O. Box 6123
Hampton, VA 23668
Fax: (757)728-6515

TO BE COMPLETED BY THE STUDENT:

Student's Name _____
SSN# _____ - _____ - _____
Student's Signature _____

TO BE COMPLETED BY THE SCHOOL OFFICIAL:

When was this student in attendance? _____
Is he/she entitled to honorable dismissal? _____
Was he/she ever on disciplinary probation? _____ Academic probation? _____
Remarks: _____

Would this student be re-admitted to your college? _____
If under certain conditions, please explain. _____

Do you recommend this student for transfer to Hampton University? _____

FOR OFFICIALS OF TWO-YEAR, JUNIOR COLLEGES AND COMMUNITY COLLEGES

Please indicate curriculum in which student was enrolled:

Transfer _____ Terminal (Non-Transfer) _____

Any further comments you may wish to make will be appreciated.

Signature _____ Date _____

Title _____ College _____