



TRANSFER CLEARANCE FORM

NON-ACADEMIC REPORT FORM FOR STUDENTS WISHING TO TRANSFER TO WEST LIBERTY UNIVERSITY. COMPLETION OF THIS FORM IS NECESSARY IN ORDER TO REGISTER FOR CLASSES. THIS FORM MUST BE SUBMITTED AFTER ENROLLMENT IS COMPLETED AT YOUR PREVIOUS INSTITUTION.

TRANSFER APPLICANT: PLEASE COMPLETE SECTION A AND FORWARD THIS FORM TO THE DEAN OF STUDENTS AT THE LAST COLLEGE OR UNIVERSITY WHICH YOU ATTENDED.

SECTION A: TO BE COMPLETED BY THE STUDENT

Name (Print) _____ SSN _____
(Last) (First) (M.I.)

I authorize _____ which I attended from _____ to _____
(College or University)

to disclose to West Liberty University all records relating to any misconduct I engaged in during said time period.

See SECTION B below. When SECTION B has been completed, I request that this form be sent to the Transfer Coordinator at West Liberty University.

(Student's signature)

(Date)

SECTION B: TO BE COMPLETED BY THE OFFICE OF THE DEAN OF STUDENTS

PLEASE RETURN THE COMPLETED FORM TO: TRANSFER COORDINATOR
WEST LIBERTY UNIVERSITY
208 UNIVERSITY DRIVE
COLLEGE UNION BOX 101
WEST LIBERTY, WV 26074

1. According to your records, has the above student been suspended or expelled for non-academic reasons?
No _____ Yes _____ Date of suspension or expulsion _____

2. If "yes," when is the student eligible to return to your institution? _____

School official completing this form:

Name _____ Signature _____

Title _____ Date _____

Telephone Number _____ Email Address _____