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 ______________________________

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