

# Notre Dame College

## Office of Student Affairs/Judicial Affairs

### Transfer Evaluation Form



**This form is REQUIRED of all students transferring to Notre Dame College:**

#### APPLICANT

Please complete the section below prior to giving it to the Dean of Students at the institution you last attended.

Applicant's Name: \_\_\_\_\_  
Last First Middle or Maiden, if applicable

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

Intended date of entrance to NDC:      Fall Semester, 20\_\_\_\_      Spring Semester, 20\_\_\_\_      Summer Semester, 20\_\_\_\_

Previous institutions and dates attended (name of college/university)	Attendance Dates
_____	<b>From:</b> _____ <b>To:</b> _____
_____	<b>From:</b> _____ <b>To:</b> _____
_____	<b>From:</b> _____ <b>To:</b> _____

The bottom of this form must be completed before your application for admission to Notre Dame College as a transfer student will be considered. Your signature below authorizes release of the information requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE OF STUDENT AFFAIRS/JUDICIAL AFFAIRS

The above applicant has applied for admission as a transfer student to Notre Dame College. We would appreciate if you could complete the section below and return this form to the Office of Admissions. If you have additional comments, please feel free to use the reverse side or call the Director of Admissions at (216) 373-5351.

#### CONFIDENTIALITY

Materials submitted in support of an application for admission to Notre Dame College are reviewed only by members of the Office of Undergraduate Admissions and other College staff responsible for admission decisions. Please know that any of the information you may share can be viewed by the applicant should he/she choose to matriculate at Notre Dame College.

Was the student involved in any disciplinary action during enrollment at your institution?      Yes      No

If yes, please describe the charge and the action taken \_\_\_\_\_

Is the student eligible for immediate re-enrollment at your institution?      Yes      No

If no, please explain \_\_\_\_\_

Are there any additional student services that this student may need?      Yes      No

If yes, please explain \_\_\_\_\_

Institution \_\_\_\_\_ Signed \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ Position \_\_\_\_\_