TRANSFER REGISTRAR’S FORM

APPLICANTS:
• Complete the applicant section below.
• Submit this form to the Director of Student Life, Dean of Students, or Registrar’s Office of the institution you are currently attending or have most recently attended.
• Your signature authorizes release of information regarding your discipline record. If you have been involved in a disciplinary action at a previous institution it is strongly encouraged that you submit a separate statement explaining the incident.
• Your application will not be complete until this form is received.

Last Name                                      First Name

Home Address                                   City                           State                           Zip

Name of Institution                             Applicant’s Signature          Date

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF STUDENT LIFE, DEAN OF STUDENTS OR REGISTRAR’S OFFICE:
• The student whose name and signature appear above is applying for transfer admission to Saint Joseph’s University.
• This is not an academic recommendation; it is a request for the applicant’s disciplinary history and standing.
• Only complete this form if you have disciplinary records access and information.
• Do NOT give this form back to the student. Return to:
  610-660-1314 (fax)
  transfer@sju.edu
  Saint Joseph’s University
  Office of Undergraduate Admissions
  5600 City Ave
  Philadelphia PA 19131

1. Do you have access to student disciplinary records?                             Yes ___ No ___
    If you answered no, please give this form to someone who has access.

2. Has this applicant been the subject of any disciplinary action for conduct at your institution? (If yes, please explain on a separate sheet of paper) Yes ___ No ___

3. Has this applicant been subject to a disciplinary probation period, suspended, dismissed, expelled, or removed from your institution for disciplinary reasons? (If yes, enter dates: __________________________) Yes ___ No ___

4. Is this student in good disciplinary standing (i.e., eligible to return to your institution?) Yes ___ No ___

Administrator’s Signature                      Date

Print Name                                      Title

Phone                                          Email

If you have questions regarding completion of this form, contact transfer@sju.edu or 610-660-1300.