## THE UNIVERSITY OF FINDLAY

## TRANSFER STUDENT VERIFICATION FORM

To the applicant: Please fill in Section 1 of this form and then submit the recommendation form to an appropriate college or university official (Registrar, Dean of Students, Dean of Academic Services, or other suitable official) of the institution in which you <u>are/were most recently enrolled, whether</u> <u>or not you earned credit</u>.

To the college or university official: The student named below, who has attended/is attending your institution, has applied for admission to The University of Findlay. In order for our Admission Committee to conduct an informed review of the applicant's records, we ask that you answer frankly and confidentially the questions below. Your recommendation will be used only for admission purposes and will not become part of the student's permanent record. We are grateful for your cooperation.

## Section 1: Student Applicant Information (to be completed by the student)

Supplemental applications that are illegible, late, or incomplete will not be presented to the Admissions Committee for further evaluation or consideration.

Name:				
	Last	First	Middle	
Birth Day:		SS#:		
	(mm/dd/yyyy)		(Optional)	
Address:				
	Street		Apt. No.	
-	City	State	Zip	

Important Privacy Notice: Under the terms of the Family Education Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and other recommendations and supporting documents submitted by you and on your behalf unless you waive your right to access.

Yes, I waive my right to access, and I understand that I will never see this form or any other recommendations submitted by me or on my behalf.

No, I do not waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I am enrolling.

## Section 2: Student's Record (to be completed by the college/university official)

Yes	No	Student has graduated	1. Is this student eligible to return to your institution next term?
Yes	No	N/A	2. Is this student eligible to live in on campus at your institution?
Yes	No		3. Is this student in good academic standing at your institution?
Yes	No		4. Has this student ever been found responsible for disciplinary violation at your
			school, whether related to academic misconduct or behavioral misconduct that resulted
			in probation, suspension, removal, dismissal, or expulsion from your institution?
Yes	No		5. To your knowledge, has this student ever been convicted of a misdemeanor, felony,
			or other crime?

If you answered "No" to questions 1, 2, and/or 3, or you answered "Yes" to either/both questions 4 and 5, please use the back page to provide additional details.

Check here is you would prefer to discuss this student over the phone.

Official's name:		Official's Title:
College/University		Date:
Official's phone:	Official's Email:	

Please return this form to: Office of Admission, The University of Findlay, 1000 N Main Street, Findlay, OH 45840 Fax: 419-434-4898 or email to <u>admissions@findlay.edu</u>.

