



STUDENT TRANSFER FORM

Office of Admissions
3 Sullivan Street
Cazenovia, NY 13035

TO THE STUDENT:

Please complete this section of the form and then give to the Chief Judicial Officer at your current and/or previous institution(s), whether credit was earned or not. One form must be completed for each institution you have attended.

Name _____
Last First Middle

Address _____

Number Street

City State Zip

Name of College _____

I give permission for information regarding my academic and non-academic record to be released to Cazenovia College.

Signature _____

Date _____

TO THE CHIEF JUDICIAL OFFICER:

The student named above has applied for admission to Cazenovia College. In order for the Admissions Office to make an informed review of the applicant's record, we ask that you answer candidly and confidentially the questions below. Return the form to Cazenovia College at the above address. If you have any questions, please call our office at 315-655-7338. Thank you for your cooperation.

To your knowledge, has the above mentioned student been disciplined by your institution or elsewhere for any violation of college policy, or federal, state or local law? _____ If so, please explain on an additional page and attach.

Is the above mentioned student eligible to return to your institution? _____ If no, please explain on an additional page and attach.

May we contact you for additional information about this student? yes no

Name _____

Title _____

Institution _____

Office Phone _____

Signature _____

Date _____