1235 Fifteenth Street Augusta, Georgia 30901 Tel: 706.821.8320 Toll free: 1.800.476.7703

Fax: 706.821.8648

TRANSFER APPROVAL FORM

Dear Academic Dean or Registrar,

Telephone Number_

\mathbf{re}	ne following student has applied for admission to Paine College. We would appreciate your sponse to the questions below. Please return this form to our Office of Admissions as soon possible. Thank you for your assistance.
Student (Print)	
Si	gnature of Student Authorizing Release of Information
Da	ate
1.	Was the above student at any time the subject of disciplinary action? YES NO If yes, please explain below:
2.	Was the student on academic probation when he/she last attended your institution? YES NO
3.	Was the student under academic suspension or dismissal when he/she left your institution? YES NO If yes, please explain below:
4.	Has the student been suspended or dismissed for any other reason? YES NO If yes, please explain below:
5 .	Is the student in good standing and eligible to return to your institution? YES NO If no, please explain below:
	nte Name of Person Completing Form (Print)
	Signature
	Title (Print)
Na	ame and Address of Your Institution