



DESALES UNIVERSITY

TRANSFER QUESTIONNAIRE

To the applicant: This form must be completed before your application for admission will be considered. Questions #1-5 must be completed by the Student Affairs Office of the student's current or most recent college.

APPLICANT INFORMATION

Name: _____

Permanent Address: _____

Telephone Number: _____ When do you wish to enroll? _____

I hereby authorize the release of the requested information.

Signature: _____ Date: _____

STUDENT AFFAIRS OFFICE INFORMATION

1. Has the applicant been subject to disciplinary action while at your institution? Yes No

If Yes, please provide details: _____

2. Did the applicant fail to uphold social standards? Yes No

If Yes, please provide details: _____

3. Is the applicant eligible to return to your institution? Yes No Conditionally

If No or Conditionally, please provide details: _____

4. Additional Comments: _____

5. Resource for your evaluation: Student Record Casual Contact Personal Contact

Signature: _____ Date: _____

Name: _____ Title: _____

Name and Address of Institution: _____

**Please return completed form to: Director of Admissions, DeSales University, 2755 Station Avenue,
Center Valley, PA 18034 or fax 610-282-0131**