

FINLANDIA UNIVERSITY

TRANSFER STANDING FORM

PART I – TO BE COMPLETED BY TRANSFER APPLICANT (PLEASE TYPE OR PRINT).

Name: _____
Last First Middle Maiden Social Security Number

Address: _____
Street City State Zip Code

I authorize the Registrar or Dean of Students at _____
(college/university currently attending or last college attended if not currently in attendance) to furnish the information required in Part II (below) to the Admissions Office at Finlandia University for use in conjunction with my application for admission. I understand that an official academic transcript should be requested separately. I request that this information be kept confidential and waive my rights to examine this document.

Signature _____ Date _____

PART II – TO BE COMPLETED BY THE REGISTRAR OR DEAN OF STUDENTS OF THE LAST COLLEGE THE APPLICANT ATTENDED OR IS CURRENTLY ATTENDING.

Dates of attendance of applicant: _____

Is the student currently in good standing with your institution? Yes No

If no, why not? _____

Is the student eligible to return to your institution? Yes No

If no, term eligible to seek readmission: Semester _____ Year _____

Has the student received disciplinary action? Yes No Unknown

If yes, please explain: _____

Reason for transfer, if known: _____

Additional comments: _____

Check here if it would be advisable to call for further information.

Name: _____ Phone: _____

Signature: _____ Title: _____

Date: _____ College: _____

All information is confidential and will be treated accordingly. Please return completed form to:
Finlandia University, Admissions Office 601 Quincy Street, Hancock, MI 49930