



# Transfer Student Information Form

To be completed by student:

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street City State Zip

I authorize this information to be released.

\_\_\_\_\_  
Student's Signature Date

To be completed by College or University personnel:

The student whose name appears above is seeking admission to Hanover College. Please provide answers to the following questions.

- 1. Is the student in good academic standing? Yes No
- 2. Is the student in good social standing? Yes No
- 3. Is the student in good financial standing? Yes No
- 4. Has the student in any way violated school policy? Yes No  
If yes, please explain: \_\_\_\_\_

5. Is the student eligible to continue at your institution? Yes No

6. Do you have pertinent information about this applicant that we should know that you would prefer to discuss with us via telephone? Yes No

7. If there is other information that you feel we should know about this applicant please note the information below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Please return form to:

**Hanover College**  
Office of Admission  
P.O. Box 108  
Hanover, In 47243-0108  
800-213-2178  
Fax: 812-866-7098  
admission@hanover.edu  
www.hanover.edu