



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?
If yes, please explain: _____ | Yes | No |

- | | | |
|--|-----|----|
| 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