



# 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?<br>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:<br>_____<br>_____<br>_____ |     |    |

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