

# Bethany

Bethany College • Office of Admission • Bethany, WV 26032  
admission@mail.bethanywv.edu • www.bethanywv.edu  
(304)829-7611 • FAX: (304)829-7142

## To the Transfer Student:

The completion of this form is necessary for transfer application to Bethany College. Please fill in your name, address and dates of attendance on this form. Submit the form to the Dean of Students Office at the last college or university in which you were enrolled and have it forwarded to the **Office of Admission, Bethany College, Bethany, WV 26032.**

Student's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Address other than home: \_\_\_\_\_

The *Family Educational Rights and Privacy Act of 1974*, as amended, guarantees confidentiality of the student's educational records. In an effort to expedite my transfer, I, \_\_\_\_\_ authorize the Dean of Students Office to release all information as it pertains to my conduct and code of behavior.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

## To the Dean of Student's Office:

This student has applied for transfer to Bethany College. Please complete this form and return it to: Office of Admission, Bethany College, Bethany, WV 26032. Your assistance is greatly appreciated.

1. Has this student been dismissed from your institution? Yes \_\_\_ No \_\_\_
2. Has this student been subject to any non-academic disciplinary action? Yes \_\_\_ No \_\_\_
3. Is this student eligible to return to your institution? Yes \_\_\_ No \_\_\_
4. Dates student was enrolled: \_\_\_\_\_ to \_\_\_\_\_

If the answers to (1) or (2) above are *yes* or the answer to (3) above is *no*, please explain on the reverse side of this form. Thank you.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

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

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

Statement of Good Standing