

Dean's Report
Transfer Student

EARLHAM

Please print or type.

Transfer applicant

Complete the first section of this form and forward it to the Office of Student Affairs of the college/university you attended since graduation from high school. Note: You should complete a form for the most recent institution you have attended.

Name of applicant _____
first middle last

Home address _____
number and street city state ZIP code

I authorize _____
name of college or university

which I attended from _____ to _____ to provide the information requested below.
month/year month/year

student's signature date

Office of Student Affairs

How long has this student attended your institution? 1 year or less 2 years or less 3 years or less more than 3 years

If this student is known to you, please comment on the following two areas:

- Her/his academic ability and preparation
- Her/his interpersonal qualities

Is there other information we should know as we evaluate this student's candidacy for transfer admission?

This form completed by:

signature printed or typed name date

position telephone

E-mail fax

Return completed form to: Admissions Office, Earlham College, Richmond, Indiana 47374-4095.
Should you need assistance, call toll-free, 1-800-EARLHAM (1-800-327-5426).