

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.

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| 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