

Transfer

Eligibility Form

EMMANUEL COLLEGE

Franklin Springs, Georgia 30639-0129
800-860-8800 • 706-245-7226

STUDENT SECTION

Please complete the information below. Then submit this form to the registrar at each college or university you have attended. Photocopy this form as necessary. Note that this form also serves as a transcript request form. Most colleges require a transcript fee. Be certain to include this fee, if required.

LAST NAME	FIRST	MIDDLE OR MAIDEN	PREFERRED NAME
HOME ADDRESS			
CITY	STATE	ZIP	
()	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
HOME PHONE			

STUDENT TRANSCRIPT REQUEST AUTHORIZATION

I request that an official transcript be sent to Emmanuel College.

STUDENT SIGNATURE

REGISTRAR SECTION

The student whose name appears above has applied for admission to Emmanuel College. This form is part of the official application. Your cooperation in completing this form will make it possible for us to benefit from your previous contact and experience with this student. Please complete this form and mail it along with an **official transcript** as soon as possible to Emmanuel College, P.O. Box 129, Franklin Springs, GA 30639-0129.

IS THE STUDENT NAMED ABOVE ELIGIBLE TO RE-ENROLL AT YOUR INSTITUTION? ☐ Yes ☐ No IF NO, PLEASE EXPLAIN.

HAS THE STUDENT NAMED ABOVE EVER BEEN IN DISCIPLINARY DIFFICULTY AT YOUR INSTITUTION? ☐ Yes ☐ No
IF NO, PLEASE EXPLAIN.

DATE THIS STUDENT ENTERED YOUR INSTITUTION: _____

DATE THIS STUDENT LAST ATTENDED YOUR INSTITUTION: _____

NAME OF COLLEGE / UNIVERSITY

NAME OF PERSON COMPLETING THIS FORM

SIGNATURE

DATE

TITLE

TELEPHONE