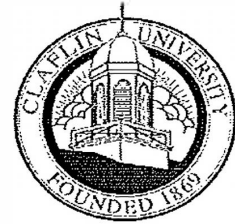


Office of Admissions

400 Magnolia Street
Orangeburg, SC 29115
Tel + 1 803.535.5382
Fax + 1 803.535.5385



CONFIDENTIAL STATEMENT

The student whose name appears below is requesting a transfer from your institution to enroll at Clafin University. Please complete this CONFIDENTIAL STATEMENT and return to the Office of Admissions at the address listed below.

PART I (TO BE COMPLETED BY THE STUDENT) Social Security No. _____ / _____ / _____

NAME _____
FIRST MIDDLE LAST

HOME ADDRESS _____

CITY STATE ZIP CODE TELEPHONE

I attended (NAME OF COLLEGE) _____

CITY STATE ZIP CODE

Dates of Attendance _____ to _____

I hereby authorize the release of an official copy of my academic transcript and additional information indicated below regarding my standing at your institution as of this date to the Office of Admissions at Clafin University.

Signature of Student _____ **Date** _____ / _____ / _____

PART II (TO BE COMPLETED BY THE PERSONNEL IN THE OFFICE OF STUDENT AFFAIRS OR THE REGISTRAR FROM THE TRANSFERRING INSTITUTION).

1. Is the above named student currently enrolled? Yes _____ No _____
2. Is the student eligible to return to your institution? Yes _____ No _____
3. Is the student withdrawing from your school voluntarily? Yes _____ No _____
4. To your knowledge, has this student been charged with a criminal offense other than a traffic violation?

Yes _____ No _____

If yes, please describe: _____

5. To your knowledge has this student been treated for any type of psychological medical problems? Yes _____ No _____ If yes, please explain. _____

6. Was the student ever suspended for disciplinary reasons? Yes _____ No _____

If yes, please give reason _____

SIGNATURE _____ **DATE** _____

SCHOOL OFFICIAL

TITLE _____

SCHOOL SEAL OR STAMP REQUIRED