



Transfer Evaluation Form

This form must be completed by both the transfer student and the Dean of Students at the last college or university in which the student was enrolled.

This section to be completed by applicant:

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COLLEGE/UNIVERSITY TRANSFERRING FROM _____

DATES OF ATTENDANCE- FROM _____ TO _____

The Family Educational Rights and Privacy Act of 1974, as amended, guarantees confidentiality of students' educational records. In an effort to expedite my transfer, I authorize the Dean of Students to release all information as it pertains to the questions below.

SIGNATURE OF APPLICANT _____ DATE _____

This section to be completed by Dean of Students at your last college/university you were enrolled:

The above named student is applying for admission to Eastern University as a transfer student. The following information is required for processing the application. Please use the back or separate sheet of paper as needed.

1. Do you know this student personally? Yes No
2. Has disciplinary action ever been taken against this student by your Institution? If yes, please explain. Yes No
3. Has there been any reason to question his/ her physical or emotional stability? If yes, please explain. Yes No
4. If he/she wished, could this student continue at your institution? If no, please explain. Yes No
5. Do you recommend him/her for acceptance at Eastern University? Yes No

SIGNATURE _____ TITLE _____

NAME OF INSTITUTION _____ DATE _____

Please mail completed from to:

Eastern University
Office of Undergraduate Admissions
1300 Eagle Road
St Davids, PA 19087-3696

610-341-1723 f
800-452-0996 toll free
www.eastern.edu