



Dean of Students Transfer Form

Section One – To be completed by the student

First	Middle	Last Name
<input type="text"/>		
Name of Institution	City and State of Institution	
<input type="text"/>	<input type="text"/>	
Social Security Number or Student ID	Date of Birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	
Applicant signature to authorize release of student disciplinary records	Date	
<input type="text"/>	<input type="text"/>	

Section Two – To be completed by Dean of Students

One of your students, named above, has applied for admission to Vincennes University. Please provide the following information regarding the student's disciplinary record and return to the VU Admissions Office by email vuadmit@vinu.edu or fax 812-888-5707. *Additional comments can be made on a second page.*

1. Has the above named student been involved in any disciplinary action? Yes No If
yes, please explain:

2. Is this student immediately eligible for re-admission to your institution? Yes No
If no, please explain:

3. Do you recommend the above named student to our institution? Yes No
4. Would you like to be contacted about this student via telephone? Yes No

Name of reporting official (please print)

Title

Signature of reporting official

Date