



Transfer Reference Form

Please complete and return to:

Office of Admission
John Carroll University
1 John Carroll Blvd.
University Heights, OH 44118
Fax: 216.397.4981 / admission@jcu.edu

An applicant who has attended another college or university following high school graduation must have this form completed by a **Dean of Students** or **appropriate judicial affairs administrator** at the institution the student is currently attending (or most recently attended if not currently enrolled at an institution).

After completing Part I, the applicant is responsible for presenting the form to a school official who then completes Part II and returns the form directly to the Office of Admission.

PART I – TO BE COMPLETED BY THE STUDENT

Legal Name _____ Male Female
Last First M.I.

Street Address _____ P.O. Box/Apt. # _____

City _____ State _____ Zip _____

College/University You Now Attend _____
(or most recently attended) School Name City State

By signing this form I authorize John Carroll University to contact school officials at the school specified above in order to discuss such information or verify related information from my transfer application with those school officials. I am also authorizing the school officials at the school specified above to release all applicable records or information to John Carroll University - including any educational records that are protected under the Family Educational Rights and Privacy Act (FERPA).

Yes No

Applicant's Signature Date

PART II – TO BE COMPLETED BY DEAN OF STUDENTS OR JUDICIAL AFFAIRS ADMINISTRATOR

1. Has this student been found responsible for a disciplinary violation at your educational institution, whether related to academic misconduct or behavioral misconduct, which resulted in their probation, suspension, removal, dismissal, or expulsion from the institution?

Yes No If yes, please give details on the reverse side of this form.

2. Is this student facing current disciplinary charges at your educational institution or has this student withdrawn while facing disciplinary charges or when reasonably expecting that such charges could be filed?

Yes No If yes, please give details on the reverse side of this form.

School Official's Name (please print) _____

College/University _____

Position/Title _____

Telephone _____ Email _____

School Official's Signature _____ Date _____