

ADMISSION WITH ADVANCED STANDING

Roanoke College requires that this form be completed by the transfer applicant and a college official from the most recent higher education institution attended. Please complete all the information below.

PART 1: Student Section

To be completed and signed by the transfer applicant.

First Name	Middle Name	Last Name		
Email Address	Phone Number	Date of Bi	Date of Birth	
Address	City	State	Zip	
By signing this form, I grant permission for			to release the information	
	(Name of most recent institution attended or o	currently attending)		

to Roanoke College as requested in Part 2 (below) for the use in conjunction with my application for admission. I understand that an official academic transcript must be requested separately and sent to the Office of Admissions at Roanoke College. I request that this information be kept confidential and waive my rights to examine this document.

Transfer Applicant Signature

Date (mm/dd/yyyy)

PART 2: College/University Official Section

To be completed and signed by a college/university official (Dean of Students, Registrar, Academic Advisor, or other official) of the most recent institution the transfer applicant attended or currently attending.

Inst	itution	Dates of attendance of applicant		
	Is the student currently in good standing with your institution?			
2.	Is the student eligible to return to your institution?	□ Yes □ No		
	If no, term eligible to seek readmission. Semester	Year		
3.	Has the student received any disciplinary action?	🗆 Yes 🗆 No 📄 Unknown		
	If yes, please explain			
Reason for transfer, if known				
Additional Information				
Col	lege/University Official's Name	Title		
Email Address		Phone Number		
Col	ege/University Official's Signature	Date		

□ Check if it would be advisable to call for further information.

Applicants are expected to notify Roanoke College should there be any changes to the information requested on this form prior to enrollment. All information is confidential and will be treated accordingly. Falsification of information on this form could jeopardize acceptance and enrollment. Please mail, fax, or email completed form and accompanying documents to the Office of Admissions at Roanoke College.

Roanoke College, Office of Admissions | 221 College Lane, Salem, Virginia 24153-3794 540-375-2270 | FAX: 540-375-2267 | Email admissions@roanoke.edu