

TRANSFER REPORT

Applicant Name: _____
E-mail: _____
Address: _____

By signing, I authorize all schools that I have attended to release all requested records covered under the Federal Educational Rights and Privacy Act (FERPA). I authorize the admission counselors reviewing my application to contact my current and former schools should they have questions about forms submitted on my behalf. I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all supporting documents submitted by me and on my behalf, unless the institution does not save this form post-matriculation or I waive my right to access below.

- Yes, I do waive my right to access, and I understand I will never see this form.
 No, I do not waive my right to access, and I may someday choose to see this form if that institution saves them after I matriculate.

Required Signature _____ Date _____

To be completed by a school official who is knowledgeable of your academic and disciplinary standing. This may be the Registrar or Dean of Students.

CONTACT INFORMATION

Official Name or Title: _____
E-mail: _____ Phone: _____
Institution/CEEB: _____
Address: _____

ACADEMICS

Cumulative GPA: _____ Class Size: _____ Covering (m/y) _____ to _____
Highest GPA in Class: _____
Graduation (if applicable) m/d/y: _____

REPORT

Is the applicant in good academic standing? Yes No

Is this applicant eligible to return to your institution? Yes No

If you answered "no" to either or both questions, please use the space below (and any additional sheets if necessary) to provide details.

Has the applicant ever been found responsible for a disciplinary violation at your school, either related to academic misconduct or behavioral misconduct, that resulted in the applicant being placed on probation, suspension, or removed, dismissed, or expelled from your school?

Yes No School policy prevents me from responding

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To your knowledge has the applicant ever been convicted of a misdemeanor, felony, or other crime?

Yes No School policy prevents me from responding

If you answered "yes" to either or both questions, please give us the approximate date of each incident, or explain the recommendation:

I recommend this student:

No Basis Do not Recommend Recommend with Reservations Recommend Strongly Recommend

Official's Signature: _____

*Please mail this form and accompanying documents to Wentworth Institute of Technology, Admissions Office
550 Huntington Ave, Boston, MA 02115*