



**To the Student: This form is part of your transfer application to Johnson State College.** Please note that this is not a request for an academic reference. Give this form to the Dean of Students (or another official in charge of disciplinary records) at the college/university from which you are transferring, or the most recent college/university you attended. He or she must complete and return this form directly to Johnson State. **We must receive this form directly from the institution.** It may be mailed, faxed or emailed to the JSC Office of Admissions, 337 College Hill, Johnson, VT 05656; fax: 802-635-1230; email: [jsc.admissions@jsc.edu](mailto:jsc.admissions@jsc.edu).

# Transfer Applicant Evaluation

## PART 1: FOR COMPLETION BY THE STUDENT:

Name: \_\_\_\_\_ Gender: M  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

## PART 2: FOR COMPLETION BY THE OFFICIAL:

To your knowledge, has this student been involved in any disciplinary action at your institution? YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this student welcome to continue at your institution? YES  NO

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PLEASE NOTE: THE COLLEGE OFFICIAL SIGNING THIS FORM MUST BE RESPONSIBLE FOR DISCIPLINARY RECORDS. THIS IS NOT A REQUEST FOR AN ACADEMIC REFERENCE.

Your Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_