



APPLICANT

After completing your name, address, and Social Security number below, submit this form to the Registrar Office at the transferring institution.

Social Security Number: _____ -- _____ -- _____ Banner ID#: _____

Full Name:

(LAST NAME) (FIRST NAME) (MIDDLE NAME) (MAIDEN NAME)

Address:

City: _____ State: _____ Zip: _____

College/University Attended: _____

COLLEGE/UNIVERSITY OFFICIAL

The above named student is requesting a transfer from your institution to Winston-Salem State University OR the above named student is requesting to transfer from Winston-Salem State University to your institution. Please complete the requested information and return this form to *Winston-Salem State University, Office of the Dean of Students, 601 S. Martin Luther King, Jr. Drive, Thompson Center, suite 300, Winston Salem, North Carolina, 27110.* Your prompt response is greatly appreciated.

Student's Dates of Attendance: _____ to _____

Is the student currently enrolled at your institution? Yes No

Is the student eligible to return to your institution? Yes No

If no, please explain: _____

Is the student withdrawing from your institution voluntarily? Yes No

If no, please explain: _____

Has the student been found responsible of a student code of conduct violation while enrolled at your institution?

Yes No

If yes, has the student satisfactorily completed any and all assigned sanctions? (*Explanation of sanctions with completion dates*):

Do you **APPROVE** the transfer of the student? Yes No

Name of University Official: _____

Title: _____

Institution's Name: _____

Telephone: _____ Email: _____

Signature: _____