

## Dean's Certificate for Transfer Students

### **PART I.** To be completed by the transfer applicant. *(Please print or type.)*

Name \_\_\_\_\_  
Last First Middle Maiden Social Security #

Address \_\_\_\_\_  
Number Street City State Zip Code

I hereby authorize the Dean of Students or a corresponding official of \_\_\_\_\_  
last college attended

to furnish the information required in Part II (below) to the Admissions Office of Emory & Henry College for use in conjunction with my application for admission. I understand that an official transcript of my academic record is **required** to supplement my application. I am requesting that this recommendation be held in confidence by officials at Emory & Henry College and hereby waive any rights I may have to examine them.

\_\_\_\_\_  
Signature of Applicant Date

### **PART II.** To be completed by the Dean of Students or a corresponding official of the last college the applicant attended or is currently attending.

Dates of attendance of applicant \_\_\_\_\_

Is the student currently in good standing with your institution?  Yes  No

If not, please explain \_\_\_\_\_

Reason(s) for transfer (if known) \_\_\_\_\_

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

Additional comments may be placed on reverse side.

\_\_\_\_\_  
Name Title

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

College

All information will be considered confidential and will be treated accordingly. Return completed form to:  
Office of Admissions, Emory & Henry College, P.O. Box 10, Emory, Virginia 24327-0010.

Please check here if it would be advisable to call for further information.