

EMORY & HENRY COLLEGE



DEAN'S CERTIFICATE FOR TRANSFER STUDENTS

Office of Admissions • P.O. Box 947, Emory, VA 24327-0947 • 800.848.5493 • Fax: 276.944.6935 • admission@ehc.edu • www.ehc.edu

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 947, Emory, Virginia 24327-0010.

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