



**MISERICORDIA
UNIVERSITY.**

COLLEGE CLEARANCE FORM – TRANSFER APPLICANTS

The completion of this form is necessary for transfer admission to Misericordia University. Please fill in your name, address, and dates of attendance on this form and submit it to the Dean of Students Office at all colleges or universities in which you were enrolled for nine or more credits.

Student's Name _____

Home Address _____

Address other than home _____

Dates of Attendance _____

The Family Educational Rights and Privacy Act of 1974, as amended, guarantees confidentiality of the student's educational records. In an effort to expedite my transfer, I authorize the Dean of Students to release all information as it pertains to my conduct and code of behavior.

Signature of Applicant _____ **Date** _____

TO THE DEAN OF STUDENTS OR STUDENT CONDUCT OFFICE:

This student named above has applied for admission as a transfer student to Misericordia University. Please complete this form and return this form by mail to the Director of Admissions, Misericordia University 301 Lake street, Dallas, PA 18612. This form can also be emailed to admiss@misericordia.edu or faxed to 570-675-2441. Your assistance is greatly appreciated.

1. Has the student been suspended or dismissed from you institution? ___yes ___no
2. Has the student been subject to any student conduct disciplinary actions? ___yes ___no
3. Has the student's behavior ever indicated a threat to self or another? ___yes ___no
4. Is this student eligible to return to your Institution? ___yes ___no

Contact name for the further information: _____

Phone _____ Email _____

If the answer to 1, 2, 3 above is yes or the answer to 4 above is no, please explain on the reverse side of this form.

Signed _____ Name _____

Title _____ Institution _____