

ACADEMIC REPORT FORM

TO ALL TRANSFER APPLICANTS:

Complete the first section of this form. The first signature authorizes your school to release confidential information and must be signed. By signing in the second space, you will waive your right to review the remarks made by your school. After completing this section, please give this form to the dean or assistant dean of students at the last school you attended.

Legal Name _____
Last First Middle (complete) Jr.

Permanent home address _____
Street City State ZIP

Home phone (_____) _____
Applicant Signature Date

Tear off

In recognizing the value of recommendations made in confidence, I hereby waive any right to review this form after it has been completed and submitted to Carroll University.

Applicant Signature Date

FOR TRANSFER STUDENTS ONLY

This section should be completed by the dean or assistant dean of students
Return to: Office of Admission, Carroll University, 100 N. East Ave., Waukesha, WI 53186

1. May this student return to your institution? Yes No

2. Please check:

- Student's academic record is clear
- Student is on academic probation
- Student has been dismissed

Conditions for return: _____

3. To your knowledge, has the student been subject to disciplinary action at any time? Yes No

If yes, please explain: _____

Please write whatever you think is important about the applicant, including a description of his or her academic and personal characteristics. We welcome information that will help us to differentiate this student from others. Attach an additional sheet, if necessary.

Tear off

Name _____ Title _____ Phone # _____

Date _____ College _____

Carroll University does not discriminate on the basis of race, sex, creed or religion, age, color, national or ethnic origin, or disability in the administration of its education policies, admission policies, or scholarship and loan programs.