



STUDENT TRANSFER FORM

Office of Undergraduate Admissions | Jackson, TN 38305 | 731.661.5100 | fax 731.661.5589

Note to applicant: Please sign the upper portion of this form and forward the form to the **Dean of Students** at the last college you attended. **THIS FORM MUST BE ON FILE BEFORE ACCEPTANCE IS GRANTED. THIS IS NOT A TRANSCRIPT REQUEST FORM.**

I, _____, request that you release the information
(full legal name)
requested below to the Office of Undergraduate Admissions at Union University.

Last College Attended

Signature of Applicant

Social Security Number

Date of Birth

Today's Date

To be completed by the Dean Of Students: Please check status of student listed above and return this form to:

Office of Undergraduate Admissions
Union University
1050 Union University Drive
Jackson, TN 38305-3697

	Yes	No	No information
1. Is student currently enrolled?	_____	_____	_____
2. If not currently enrolled, is student socially eligible to re-enroll?	_____	_____	_____
3. Has student received official disciplinary action?	_____	_____	_____

College or University: _____

Signature: _____

Title: _____

Date: _____ Phone: (_____) _____