

Transfer Social Eligibility Form

Directions to Applicant

Please print and complete Section A and deliver (either in person or by mail) to the Dean of Students at the last college you attended, or are currently attending. This is not an academic transcript request form. An academic transcript must be requested separately from the registrar's office at each applicable institution.

This form **must** be on file in the Mid-Continent University Office of Admission before an acceptance decision can be processed in your behalf.

Section A (to be completed by applicant)

Dean of Students:

I hereby authorize you to complete Section B of this form and send it to Mid-Continent University Office of Admission.

Signature of Applicant

Date

Printed Name of Applicant

Social Security #

Date of Birth

Section B (to be completed by Dean of Students)

Please respond to the following as accurately as possible and return to:

Office of Admission
Mid-Continent University
99 Powell Rd East
Mayfield, KY 42066

Is the student currently enrolled at your institution? Yes No N/A

If not currently enrolled, is the student socially eligible to enroll? Yes No N/A

Has the student received disciplinary action? Yes No N/A

Has the student been violent on campus in any setting? Yes No N/A

Has the student been arrested, charged, or convicted of a criminal offense? Yes No N/A

Has the student been involved in the use, purchase, or distribution of an unlawful or controlled substance? Yes No N/A

Has the student exhibited emotional or psychological problems? Yes No N/A

Please check one:

- Recommended for admission
- Not recommended for admission
- Prefer not to make a recommendation
- Telephone me

Please check one:

- I am well acquainted with the student
- I am moderately acquainted with the student
- I do not know the student

Please use this space to explain any affirmative answer(s). Also, add any other comments that will be of value concerning leadership abilities, personality, special talents, problems, etc.

Signature

Date

Printed Name

Title

Institution

Telephone