



Brevard College

1 Brevard College Dr
Brevard, NC 28712

Questionnaire for Transfer Students

Part 1

To be completed by Applicant and then mailed to *last* college/university attended:

Name: _____
Social Security #: _____
Address: _____
College/University Attended: _____
Date(s) of Attendance: _____

I authorize the above-referenced college or university to release the information requested below directly to Brevard College by mail or fax. Your prompt attention to this matter will be greatly appreciated.

Signature of Applicant

Part 2

To be completed by an official at *last* college or university:

The student listed above is making application for admission to Brevard College. In addition to the requested information, we would be grateful for any information which you think may be helpful to us when the applicant is considered.

- Has the student been disciplined, placed on probation, or suspended for:
 - academic reasons
 - conduct reasons
 - emotional or psychological reasons
 If your answer to a, b, or c is "YES", please explain.
- Would the student be permitted to re-enter your institution? a YES a NO
If "NO" please specify reasons.

3. Other comments:

Your response to this inquiry was based on:

- Records and reports
- Casual contact and observation

Registrar, please mail to or fax to:

**Brevard College
Attn: Admissions Office
1 Brevard College Dr
Brevard, NC 28712
Fax: 828.884.3790
Phone: 828.641.0641**

Name (Please Print)

Position / Title