

Admission with Advance Standing

PART 1

To be completed by transfer applicant (please type or print).

Name: _____
LAST FIRST MIDDLE MAIDEN SOCIAL SECURITY NUMBER

Address: _____
STREET CITY STATE ZIP CODE

I authorize the Registrar or Dean of Students at _____
(COLLEGE CURRENTLY ATTENDING OR LAST COLLEGE ATTENDED IF NOT CURRENTLY IN ATTENDANCE)

to furnish the information required in Part 2 (below) to the Admissions Office at Carthage College for use in conjunction with my application for admissions.

Waiver of Access

I have requested that this report be filed by school officials for use in the admissions process by officials of Carthage College. I have indicated my intention regarding access to these reports by checking one of the following options:

- I waive access to this report which shall therefore be considered confidential
 I do not waive access to this report

DATE STUDENT SIGNATURE

Note: If the student has agreed to the waiver printed above, we will reserve the strict confidential of this document and it will be made available only to college officials. If the student has not waived access and enrolls at Carthage, this report will be made available upon his or her request.

PART 2

To be completed by the Registrar or Dean of Students of the last college the Applicant attended or is currently attending.

Dates of attendance of applicant: _____

1. Is the student currently in good academic standing with your institution? Yes No
2. Is this applicant eligible to return to your institution? Yes No
3. Has the applicant been subject to either disciplinary action or probation while attending your institution? Yes No
4. Do you know of any other behavioral issues or concerns regarding this student's attendance at your institution?
 Yes No

If you answered no to #1 or #2 or yes to #3 or #4, please explain, or add any additional comments (expand comments to another page if needed):

Check here if it would be advisable to call for further information.

Name _____ Phone _____

Signature _____ Title _____

Date _____ College _____

Please return completed form to:

Carthage College, Admissions Office, 2001 Alford Park Drive, Kenosha, WI 53144 or fax to 262-551-5762