Transfer Eligibility Form

Please complete and return to: Emmanuel College Office of Admissions PO Box 129 Franklin Springs, GA 30639



Georgia • 1919

To the Applicant: This form is to be completed by the **Dean of Students or the administrative officer in charge of student discipline** at the last postsecondary school you have attended as a student, regardless of length of time passed since your enrollment. The completed form should be returned to the Emmanuel College Office of Admissions by the Dean of Students or the administrative officer in charge of student discipline.

| Applicant Name | Social Security Number | | |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| Address Number and Street | City / Town | State | Zip Code |
| | O.y., 10.11 | | Zip code |
| | | | |
| Degree/major granted or expected | | | |
| | ive officer charge of student discipline: to Emmanuel College. I authorize you to furnish mposed during the time I was enrolled at your ins | | ur files regarding |
| Signature of Applicant | Date | | |
| No, disciplinary action has been taken or sanctYes, disciplinary action has been taken or sanct | tions imposed against the above-named applicant ctions imposed. Please explain below or on the reverse | e side of this form | |
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| | | | |
| | | | |
| Name | Title | | |
| | | | |
| Institution | Phone | | |
| | | | |
| Signature of Officer | | | |
| Signature of Officer | Date | | |