

COLLEGE RECORD FORM

Lebanon Valley College

To Prospective Transfer Student:

The completion of this form is required of all individuals seeking admission to Lebanon Valley College as a transfer student. Your signature to the following statement will authorize your Student Services Office to provide Lebanon Valley College with the requested information. Please sign the statement, then forward it to the Dean of Students at the college(s) from which you are transferring.

"I hereby authorize the Dean of Students at _____
to answer the questions below and forward them to the Vice President of Enrollment at Lebanon Valley College."

Name: _____
PLEASE PRINT FIRST MIDDLE LAST

Date of Birth: _____

Signature: _____

Date: _____

To the Dean of Students:

1. Is this student currently eligible to return to your institution?

_____ Yes _____ No If no, please explain.

2. Was the student involved in any disciplinary incidents at your school?

_____ Yes _____ No If yes, please explain.

3. Do you recommend that he/she be admitted to our institution?

_____ Yes _____ No

PLACE OFFICIAL SEAL HERE

Name: _____
PLEASE PRINT FIRST MIDDLE LAST

Title: _____ Telephone Number: _____

Signature: _____

Date: _____

Your prompt completion
of this form is appreciated.
Please return to:

Lebanon Valley College
Admission Office | Carnegie Building
101 N. College Avenue
Annville, PA 17003-1400