



COALITION APPLICATION TRANSFER REPORT

APPLICANT

Student Name _____ Date _____

Date of Birth (mm/dd/yyyy) ____/____/____

Coalition Applicant ID Number _____

Do you waive your rights under FERPA to review the evaluation below?

☐ Yes ☐ No

UNIVERSITY OFFICIAL

*Please give this form
to a University Official
(typically a Registrar
or Dean with access to
both your academic
and disciplinary
records) to fill out the
following two sections*

Institution Name _____ CEEB _____

Address _____

Name of Official _____

Title _____

Phone _____ Email Address _____

SUMMARY

Dates Attended (mm/yyyy) ____ to ____

Cumulative GPA _____ Scale _____

Projected Graduation Date (mm/yyyy) ____/____

Is this student eligible to return to your institution?

☐ Yes ☐ No

Is this student in good academic and disciplinary standing?

☐ Yes ☐ No ☐ School policy prevents me from responding

If no, please explain on an additional page, or ☐ request a phone call

Has this student ever been subject to (found guilty of) disciplinary proceedings?

☐ Yes ☐ No ☐ School policy prevents me from responding

To your knowledge, has this student ever been convicted of a misdemeanor or felony?

☐ Yes ☐ No ☐ School policy prevents me from responding

If yes, please explain on an additional page, or ☐ request a phone call

Sign _____

Date _____

*Please scan and attach this form to your application, or mail it directly to
the admissions office of each college or university that requests one.*